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WEDNESDAY, FEBRUARY 9, 1842.

No. 1.

A GLANCE AT MEDICINE IN PHILADELPHIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—It has been working in my bones a full week to perpetrate on you another deluge of ink!! Poor fellow! Whenever any son of Æsculapius all over New England, or in this great Empire State, or away West, is seized with an unmanageable *cacoethes scribendi*, our good-natured and imperturbable friend, Dr. J. V. C. S., is obliged to be acquainted with the whole result, be it long or short, gay or sober, brilliant or dull, true or untrue; he holding the types and being, *de ipso facto*, accoucheur in general to the whole army of *enceintes* aforesaid.

Now, my dear Sir, permit me to say I have often pitied you when I have imagined you sitting surrounded by piles of illegible manuscripts pressing for insertion, in grave and solemn counsel with yourself whether to "print" the dull thing in hand and thus encourage "nascent" genius, let the doctor's ideas "shoot" and fill up two or three pages of the never-to-be-postponed weekly; while, at the same time, you run the risk of letting down the character of our New-England Medical and Surgical Hebdomadal, of endorsing yourself a numbskull and a dolt, and, finally, of having some dozen of your more astute readers turn up their noses in a paroxysm of hypercriticism, and loading your goodly-sized, fair-faced, handsome missal with the taunting epithets of "insipid," "flat," "intolerable," "wishy-washy," "jejune," and so on, and so on.

Don't conclude I have left out of the account the possibility of your losing a subscriber if you refuse to print it. Not at all. But, be not offended if I say that if any of your contributors, after the unvarying and stereotyped indulgence and courtesy you have many years manifested in meeting the perplexities of conducting the only medical journal that has existed in the Northern States, should abandon you for not giving him insertion, he must have either an empty head or a perverse heart.

I know there are some who would have you prune much more closely than you do. But, let us look at this a moment. Suppose some half dozen reviewers in England, or some of our own countrymen who already stand high in the temple of science, should really feel and say that some of your contributors are too "rudimental" and should be excluded. Do they justly appreciate the wants of your subscribers? are they, indeed, the proper judges? There are some few, for whom you cut and carve, who still walk the hospitals, have not laid aside the dissecting knife, have combined autopsies with the earnest perusal of the latest and most costly

publications, are fully acquainted with the modern wonders of surgery, auscultation, pathology and therapeutics; nay, are in the daily practice of instituting prescriptions and operations that would secure the warm approbation and applause of the mass of practitioners. I know of such men; and have had the high pleasure of recently mingling with a number of them, of whose daily walk and doings the above portrait is not one whit overdrawn.

But how small is the proportion of these elevated characters to the whole company of intelligent practitioners that constitute the readers of your Journal. In the nature of things they must be limited to fields of dense population. While they feel grateful for the Providence which has thrown into their hands such rare advantages and capabilities, they doubtless feel an interest in the primitive efforts of their brethren, and perceive in them proofs of genius and skill that may be quite useful to the profession. For myself, I have often felt, when slitting open the pages of your weekly octavo, peculiar interest in some new signature. I read his place and date: and when I have reflected a moment, what kind of hills and valleys, rocks, sands, snowbanks, whirlwinds and mud-pools he encounters in his daily gyrations, I immediately set myself to deciding whether this new contributor is a genius and is destined to do honor to our fraternity. I do not ask him to write as if he spent five hours a day at the elbow of Dupuytren. I only wish to know with what eyes he has walked through some field of observation that his older brethren have explored scores of times. What new observations has he to report? What discoveries has he made? At any rate one good thing has been done: this young brother has seen himself in type. He is now incomparably more likely to observe methodically, industriously and profitably than before. The channel of publication being now open, not only ambition but even benevolence may stimulate him more laboriously to scrutinize the paths and means of medical improvement.

Before I conclude this unprovoked interference with your concerns, Mr. Editor, let me explicitly deny all intention to endorse or fellowship dulness. How much soever I may inflict on you myself, it is due to yourself and your readers that you should not spare us in rigidly excluding it from your pages. Let not imbecility be stamped upon one page of our northern Journal.

But, heigh-ho! here I am, scribbling on, having almost forgotten that I sat down to write about Philadelphia. Well, Sir, I make no apology. I give you and my kind readers full notice—rather late, though—that I am going to let my pen run on, wild, immethodical, without plan, and according to the impulse of the moment: and if any body is turning over your leaves in a mood of deep and studious abstraction, the horse in the stable, the tea over, the slippers on, the study warm and light, the children dismissed, the accounts duly charged, with the fond, but, alas! often delusive hope that the door-bell will not vibrate till 7 A. M.—I warn him to pass on, to take up something solid, substantial, and that will give employment to his brain while in full vigor; and when languor or sleepiness comes over him, he may perchance find suitable employment for his faculties in the corner of the little octavo appropriated to myself.

Another thing, my dear Sir. I often hear apologies about *egotism* and the frequent use of the little monosyllable *I*. Now, Sir, *I* claim the right and the indulgence to use that little word as often as convenient, and without apology. For I am writing my own notions: and if I were to grow modest and blushing to see so large a number of *I*'s, and introduce circumlocutions and paraphrases, and say "the writer thinks this," and "*he* saw such and such," and "*he* thinks so and so"—why, Sir, it would, in my opinion, add greatly to the dulness of the whole concern, and after all be a matter of inconvenient affectation, and I therefore hereby eschew all claims to modesty, and set myself down as a most thorough and incorrigible *egotist*.

There are three reasons, my dear Sir, why I wish to talk about medical matters in Philadelphia. The *first* has already been mentioned, namely, that I am laboring under an urgent cacoethes for ink-shedding. The *second* is that I have nothing else to do. This, it must be acknowledged, is a very impudent reason. But what would you have a man do? My summer's business by these fountains of Saratoga is a short, though rather laborious, affair. Then comes the excursion for my own health, in some city for three or four weeks, often expedited by the kind invitations of invalid acquaintances and friends formed at Saratoga. These introduce me to their own family physicians, and these to *their* medical friends: and thus, in a most agreeable way, I make the acquaintance of those who are frequently consigning me patients at the Springs. An excursion of similar length to the city or country may be needed in the spring—nay, has invariably been taken. This leaves the winter for medical studies, without the power, if ruined health did not forbid, of doing any sort of justice to common routine practice in the village, which must be broken during nearly six months each year by an exclusive attention to people from abroad and to the above described excursions. But enough of this, my second reason. Before going to a third, however, let me say, that I do not deem it visionary to predict that in the course of a few years, when physicians in Boston, Providence, Portland, Worcester, nay, Buffalo, New York and Philadelphia, have made the discovery that any day in the winter they may place their invalids in a well-warmed rail-road car, with private apartments, settees, water-closets, &c., and come to Saratoga, literally in a public parlor, with scarcely any exposure, and here in comfortable apartments follow their potations, we shall have a very respectable collection of water-drinkers during the winter. It is very true that there is an increasing amount of water sent in bottles every year to our cities. But there are many sick ones in the country who know the difference between drinking the waters, *ad libitum*, fresh from the fountains, and taking them in stinted measure at home. The proposal of a winter's ride to Saratoga will probably appear very *refrigerant* to the reader. But our community are not at all sensible of the comforts of a winter excursion in a well-warmed rail-road car, and there are many men whose complaints have long made them desire a prolonged residence at the Springs, but whose pressing summer business has prevented.

My *third* reason is founded on the belief that a brief report of the

present condition of the medical institutions and medical men of Philadelphia, would be acceptable to many of your readers, as the *coherent* and ever-existing professional engagements they are under almost absolutely exclude them from visiting our medical schools in person.

Permit me to add *one more* reason, and that is a sense of deep obligation I feel for the professional kindness, liberality and attention bestowed on a stranger by the excellent physicians of that city. I do not suppose that my case was peculiar. These men must be in the practice of giving the hearty welcome to those who come in quest of science. Although there are three rival schools, side by side, fully officered and equipped, provided with the necessary building and apparatus, the chairs are all filled by apparently harmonious professors and with crowds of students, flocking in in such numbers as to afford a high pecuniary stimulus to these professors; yet, on the top of all this stringent stimulation, I do aver that in a great majority of their introductory—and I heard all but one—there was manifest a noble superiority to the low arts of finesse and trickery. That each man was laboring for the success of his own school, I will not abuse him in doubting. But it was the struggle of honorable men by honorable means. It was recommending themselves and their compeers by the skilful exhibition of their own accumulated stores of science. But besides these associated laborers, I am sure the medical men of Philadelphia in general possess a high-minded zeal for the honor of the profession not only in their city, famed for its medical and surgical excellence, but through the country. A very general solicitude was expressed for fear that medicine, in a neighboring city, was descending from its high and honorable standing to the arena of non-professional maneuvering—from a science to a trade—from high-minded liberality to plebeian intrigue: and, although I studiously declined expressing a decided opinion, having personal friends in the new school, New York, and expecting to observe more closely on my return home—I testify most strongly that the general anxiety in Philadelphia could not have arisen solely from a spirit of rivalry. If so, why were not their fears exerted in favor of each other's favorite school in their own city? At home there was real rivalry, competition most sensible. Whether the alleged innovations in the University School, New York, shall ultimately elevate or depress our science before the non-professional world, is a problem not yet solved: but of this I am quite sure, that the general perturbation of the medical faculty in Philadelphia was caused by a high determination to sustain the science and practice of medicine above the arts and chicanery of the vulgar. It was an honest jealousy of their brethren of the new faculty in New York; and would never have existed had these brethren confined their reports and exhibitions to the members of our own profession. But I must not say more of this now. Should you afford me a place in one or two of your next Nos., I may possibly resume this matter, and should I remark anything of individuals I design it shall not be matter of private history, but what belongs to their character as public men, and just such as should be written were they inspecting my scrawl as it runs from my pen.

M. L. NORTH.

Saratoga, Jan. 15, 1842.

REMOVAL OF THE OS MAXILLARE SUPERIUS FOR A CEPHALOMATOUS DISEASE.

BY JOHN C. WARREN, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a late No. of your Journal, I noticed some account of an operation for the removal of the upper maxillary bone, which had been recently performed. As that statement was not made with my knowledge, I feel it to be necessary to give a more precise and full account of this operation, for the information of such as may be called on to perform a similar one. This I can at present do with the more satisfaction, as the patient has now quite recovered from the operation, and is, I hope, permanently relieved of his disease.

The patient, Mr. I. G., is 35 years old, well constituted, and in every particular strong and healthful, with the exception of the disease which called for this operation. About nine months since he began to be affected with frequent and considerable bleedings from the nose. These bleedings occurred about once a week, and were sometimes profuse. During the occurrence of one of these attacks he was led to pass his finger deep into the left nostril, and discovered there a tumor about the size of a pea, in the outer side or wall of the cavity.

The bleedings continued, and the tumor grew till it made a visible appearance in the aperture of the left nostril. Alarmed at this, he consulted Dr. Winslow Lewis, who suspecting a formidable disease, advised him to apply at the Massachusetts General Hospital for advice and assistance. He was there examined by Dr. Hayward and myself, and presented the following appearances. The left nostril was filled by a tumor of a deep red color and soft consistence, discharging blood freely on being subjected to a slight touch. A probe could be introduced into the cavity on the inner side of the tumor along the septum of the nose; but on the outer wall was soon arrested in its progress by the tumor, which appeared to be connected with this part, and bled so copiously as to prevent a continuance of the examination in this direction. The external appearance of the face being examined, the nose was seen to be tumefied on the left side by the protrusion of the nasal process of the upper jaw, and also by that part of the bone forming the exterior wall of the nasal cavity. On opening the mouth, the hard palate was seen to be the seat of a tumor of an elastic character, oval form, and size sufficient to occupy a considerable portion of this cavity, obviously produced by the pressure of a substance in the nostril above. The mucous membrane of the mouth was not altered in color or consistence.

On passing the finger through the mouth into the posterior opening of the nostril, this aperture was found to be filled by a soft elastic tumor, similar to that which occupied the anterior aperture. The septum of the nose was slightly inclined into the right nostril.

Such were the history and appearances of this tumor. Its vivid red color, soft consistence, disposition to bleed, rapid growth, and consequent breaking down of the bones which surrounded it, satisfied me that it was a cephaloma, a malignant fungus, which would destroy the patient's life in

a short time unless extirpated; and I therefore advised him to enter the Hospital and have it removed. The patient agreed to this course, and went home to make his arrangements.

In nine days after, he entered. When I came to examine the tumor again, I found that during this short period it had enlarged considerably; and especially that it had extended to the right side of the palate so far as to leave a small space only between it and the teeth of that side. I was now seriously apprehensive that no operation could wholly eradicate the tumor, and felt much doubt whether it would be expedient to attempt one, in itself always severe, and which in this case would be attended with dangerous bleeding. After weighing the arguments on both sides for three or four days, I came to an affirmative conclusion, provided other gentlemen were of the same opinion. On the Saturday following, the 4th of December, a consultation was held, consisting of Drs. Hayward, Townsend and Holmes, and these gentlemen being satisfied that as there was no other ground of hope for the patient, and that he must die in a most distressing manner, the operation was decided on, and immediately after executed.

The principal difficulties I anticipated in this operation were the following:—1. Profuse bleeding, which the character of the tumor, the tendency of blood to the head produced by it, and the fulness of the patient's habit, seemed to promise. 2. Impracticability of dividing the bones without sawing, as the patient was of an aspect which indicated unusual solidity of the osseous texture. 3. Fatal syncope, from the quantity of blood lost and the pain of the operation.

To obviate these dangers I proposed—1. Compression of the carotid arteries, tying of the wounded vessels when they bled freely, and the use of the actual cautery. 2. Division of the bones by the cutting forceps, which I had caused to be made and used for the last twenty years. 3. Waiting occasionally to give the patient time to recover; and recruiting him with cordials.

Everything being arranged, the patient was placed in a chair, his head well supported, and the operation was then begun in presence of the medical class and a considerable number of medical gentlemen of the city.

I made an incision from the middle of the external edge of the left orbit to the left angle of the mouth, down to the bone. A most copious gush of blood succeeded. The internal flap was then quickly dissected up to the middle of the nose, cutting up at the same time the cartilage of the left wing of the nose, and freeing the globe of the eye from the inferior part of the socket by the division of the inferior oblique muscle, the fascia of the eye and the periosteum. The outer flap was then rapidly dissected from the os malæ and os maxillæ, and around the latter bone as far as its union with the pterygoid process of the sphenoid; but the uniting space was not at this time penetrated on account of the large pterygoid branch of the internal maxillary, which would have been difficult to secure in this stage of the operation.

The two flaps being separated, the anterior extremity of the sphenomaxillary fissure was perforated, and I then proceeded to the division of

the bones. The os malæ was attached directly opposite to the perforation in the sphenomaxillary fissure. The cutting forceps were then applied to the broadest part of the malar bone, and divided it smoothly in a few seconds. Second, the same instrument was applied at the internal angle of the eye, in an oblique direction from the lower edge of the orbit to the lower termination of the os nasi. Here the projection of the tumor into the orbit occasioned some difficulty, from the little space left for its introduction into the orbit; but the instrument being fixed, the bone was divided without difficulty.

In the mean time the blood continued to flow in torrents. One considerable artery required immediate ligature; and the bleeding of the others was controlled by compression of the carotid artery. The mouth of the patient filling with blood, frequent pauses were required to afford him an opportunity of ejecting it, and occasionally he was recruited by a little wine.

The most difficult part of the operation remained; that of dividing the sound from the unsound parts within the mouth, and separating the maxillary from the sphenoid and palatine bones without injury to the latter; so as to leave the patient the whole of the soft palate, with the palatine plate of the os palati to support it. In order to accomplish this without dissection, I made an incision through the mucous membrane of the hard palate, beginning at the edge of the palatine plate of the os palati, and extending the incision forwards to the external edge of the jaw, then upwards across the alveoli into the bone. To facilitate this incision, the middle incisor tooth of the left side was taken out in such a way as to break the anterior part of the alveolus. Then by a single stroke of the cutting forceps the upper maxillary bone was divided, and its palatine plate cut through as far as its junction with the os palati. In order to separate the palatine plates of the maxillary and palatine bones, I hoped to be able to clear the mouth of blood for a moment to make a transverse cut between these plates. But to see was impossible, from the flow of blood. Therefore passing the forefinger of the left hand into the mouth, I felt the last molar tooth, and turning the pulp of the finger forwards to receive and support the instrument, I struck a strong-pointed knife through the hard palate at the union of the maxillary and palate bones, separated these bones, and was able also to separate the maxillary bone from the pterygoid process of the sphenoid, and thus accomplished the disunion of all the bones concerned. Finally, the knife was passed externally behind the upper maxillary bone into the space between this and the pterygoid process, to divide the second branch of the fifth pair of nerves. This was done by a stroke of the instrument, and the patient made a great cry, evincing that this nerve had been reached.

Seizing the bone with the left hand by its orbital and alveolar portions, it was by a gradual movement started from its situation, and aided by a few touches of the knife, its remaining periosteal attachments were divided, and the whole bone and tumor dislodged from the face.

The patient having lost much blood, had now become faint, and was

therefore placed on a table. The portion of swelled mucous membrane on the right side of the palate was cut off with ease, and it now only remained to arrest the hemorrhage. A ligature was applied to the superior ethmoidal branch, or continuation of the maxillary artery. The hemorrhage from a second artery also required to be arrested. This was not easily done, for it was impossible to discover the orifice of the wounded vessel. It was therefore touched with caustic potass, and lint applied to it. As the bleeding might recur, the wound was not immediately brought together, but was covered with a cold-water compress, and the patient left in the operating theatre. He was able to swallow and speak, notwithstanding his exhaustion and the length of the operation.

The time expended during the operation I do not know, having always considered it the part of folly to measure an operation by time, rather than the exigencies of the case. I was informed, afterwards, it was over forty minutes, and not an hour as stated by your correspondent. The principal part of this time was expended in waiting for the patient to relieve his mouth and throat of blood, which appeared to embarrass him more than I had expected. But the time employed in the incisions, both of the soft and hard parts, was short, and certainly could not have exceeded ten minutes.

In three hours after the operation, no bleeding having occurred, the wound was dressed by passing five sutures and applying a cloth of four thicknesses wet in cold water, to be moistened from time to time; and then he was carried to his bed. He passed the night rather uneasily; but the next day he was more quiet. The pulse, for four or five days after the operation, varied from 80 to 112; at the end of six days it was 72. The third day, the wound being wholly united, the stitches were withdrawn by Mr. Hayward, the house-surgeon, at my request. In two or three days the patient was able to take softened bread, and in three weeks from the operation went home to pass Christmas with his family—in two days after which he was discharged. At the present time, eight weeks after the operation, he is at home—takes food freely and speaks intelligibly. The left eye, at first much swelled, is in a natural state, and he uses it without uneasiness. On the left side of the palate there is an aperture of a triangular form. Through this the os ethmoides may be felt, the projections of which were mistaken by the patient for a return of his disease. The food occasionally passes through this aperture into the nostrils, and embarrasses the patient momentarily. The soft palate is entire. There is a slight paralysis of the left side of the upper lip, from the division of the facial nerve; and a want of sensibility in the left side of the nose and the left upper lip, from the division of the second branch of the fifth pair of nerves.

Description of the Tumor.—The tumor, after its removal, exhibited the following appearances. At its summit appeared the lower floor of the orbit of the eye, at the inside of which was a portion of the nasal process of the os maxillare superius. On its outer part projected one half of the os malæ; below appeared the left half of the palate, with the exception of the part which belongs to the palatine plate of the os palati. A portion of the fossa canina, and the whole alveolar mar-

gin, with the correspondent teeth, were visible. On the inner wall of the mass appeared three considerable red colored lobes, attached to the outer and inferior part of the maxillary cavity, by something like a pedicle about an inch in diameter—the three lobes being connected at their attachment, but separated at their internal or nasal extremity into an anterior, middle and posterior lobe. The superior maxillary nerve was seen in and behind the orbit. The whole was covered by membranes which separated it from the parts in contact. One lobe had made its way through the bone of the face; the others through the partition between the nostril and antrum.

Examined by a glass magnifying from twenty to thirty times, the substance of the tumor was found to be composed of semi-transparent globules, which became opaque in alcohol. These were connected by a fibro-cellular substance, which appeared to form a larger part of the tumor than the globules themselves. The texture was in consistence somewhat spongy and elastic, and was very vascular; differing in these points from a tumor of the upper jaw, for which I removed that bone two years since—in which the globules were red and fleshy, though very small, and the interstitial substance was of a firm, scirrhotous character, and not highly vascular.

Remarks.—The minute account I have been led to give of this operation, may appear tedious and unnecessary. I have been induced to these details from the difficulty I have experienced in this as well as other operations, from the defect of minuteness in their descriptions. Those who are called on to their performance alone feel that no fact relating to them is superfluous; while others, who consult such descriptions from curiosity only, complain with justice of long descriptions. Besides the general reasons in favor of minuteness, there is one which is particularly applicable to this case. The organs affected were but slightly masked by disease; so that nearly the whole operation could be done with precision by anatomical rules.

The most important consideration in regard to this case, is the question whether an operation should have been done? That the patient would have lost his life from the disease if allowed to pursue its course, there is no doubt. In my practice I have seen a considerable number of cases of bleeding fungus of the antrum and nostrils, which have gone on to a fatal and painful termination, notwithstanding remedies, internal and external; and removal of the tumor from its bony cavity, followed by a careful cauterization of its parietes. In order to judge of the propriety of operating in such cases, we must distinguish from each other the different tumors which begin in the maxillary cavity and extend into the nostrils, and raise the bony parietes of the face, orbit and palate. I have seen four different species of such tumor. First, the osteo-sarcoma of the upper maxillary bone; second, the fibrous tumor; third, scirrhotoma; and fourth, cephaloma.

The first, osteo-sarcoma, is the most formidable in appearance, and attains the greatest size. Its growth is rapid and luxuriant; it breaks down the surrounding bones, and produces enormous deformity. This affection, terrible as it is in appearance, is tractable by operation, and its care-

ful removal is generally followed by a successful result. The second, fibrous tumor, is of slower growth, and more limited in its ravages. This may be removed with a reasonable certainty of its not returning. Third, scirrhus. This form of tumor of the antrum is characterized by its hardness, the pains which attend it, its moderate growth and certain fatality. Fourth, the cephalomatous tumor is rapid in its growth, and of a spongy texture, produces excessive bleedings, and terminates by death unless removed at an early stage.

The disease, in this case was of the fourth species. It follows, from what has been before stated, that, in our opinion, such a tumor must be removed at an early period, and when in a circumscribed condition. The tumor, in this case, presented these conditions when we first saw it. Afterwards, its rapid increase led to doubts as to the final success of the operation. Still it was limited in its adhesions to the interior of the maxillary cavity; and the slight enlargement of the palate seemed to be rather an effect of its pressure than of its contaminating quality; and as the whole disease was removed, there is certainly ground for the hope that the patient may escape a recurrence. At least there is so to those who do not entertain the idea that all malignant tumors—that is, all the tumors which tend to involve every contiguous texture in their growth—are necessarily and early the products of a contaminated circulating fluid. Those pathologists who are of this latter opinion must of course believe that every operation for the removal of malignant tumors is utterly unavailing. But although it is true that a great number of these are followed by signs of a general vitiation of the blood, my experience of a happy termination of a great number of such diseases will not allow me to fall into this general and sweeping conclusion. It is true that in the present state of science, we have no means of determining in their earlier periods what diseases are malignant. While this uncertainty continues, we must take advantage of it, and believe that when, with similar appearances, some tumors are happily eradicated and others become constitutional, we have grounds for the hope that we may sometimes succeed in the extirpation of local affections which, if allowed to go their course, would become constitutional.

The perfectly healthy condition of the patient in this case precludes, in our view; the opinion that a vitiated state of the blood produced the local disease; and the limitation of this disease to a pediculated attachment certainly, in my mind, excites the hope that he may escape the fatal result which, without the extirpation, would have inevitably followed. The possibility of a recurrence of the disease would have prevented my making public this description until the final result had been tested by time, had not a partial statement appeared, which seemed to me to call for the details I have here furnished.

At this time, three months subsequent to the operation, he seems to be quite well, and has resumed his former occupation. The edge of the wound and the projection of the os ethmoides above it, appear sound; and probably will soon with safety permit insertion of a substance to cut off the communication between the mouth and nostril.

Note.—Having alluded to a case in which I did this operation some time since, I will here give a short account of that case. In June, 1839,

Captain —, formerly master of a ship, aged about 60, came to me with a tumor on the right side of the nose. On regarding it, I could hardly perceive any inequality; but on passing my finger over the part, I discovered a rising on it, and examining the jaw found that a number of the teeth had fallen. The patient was affected with severe pains, which were increasing. I judged it to be a scirrhus of the antrum, and advised its immediate extirpation. The patient did not, however, make up his mind to an operation, till the following September. He then sent for me to come into the country, about forty miles, for this purpose. On visiting him I was painfully struck with the rapid progress of the tumor. The whole of the right side of the face was disorganized and horribly deformed. Although I had come some distance for the purpose of doing the operation, it is doubtful whether I should have proceeded with it had not the patient been impelled by the intensity of pain to call for it. I removed the tumor. The wound united. In a week he was well enough to use the eye of the affected side with a spy-glass. But soon after, the disease recurred, and he died two or three months subsequent to the operation.

This disease was distinguished by its hardness, pain and absence of hemorrhage, from that which has been here recorded.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 9, 1842.

SPECIAL PATHOLOGY AND THERAPEUTICS.

SOME men have not time to be idle. This must be the condition of that miracle of industry, the author of two noble-looking volumes, just published by Messrs. Lea & Blanchard, of Philadelphia. They have sent out so many good and almost indispensable books of late, that it is beginning to excite no little surprise, how it happens that they monopolize such a collection of the very best writers in all the departments of medicine.

The two volumes to which these observations refer, are called, on the title-page—"The Practice of Medicine; or, a Treatise on Special Pathology and Therapeutics. By Robley Dunglison, M.D., Professor, &c." They contain 1322 pages, large-sized octavo, are well printed, and well bound, too; and dedicated, with much propriety, to those who have attended his lectures in the course of the last sixteen years. Having premised that improvements and modifications are incessantly taking place in the two departments upon which the author has in this instance concentrated the force of an active, well-trained mind, we cannot better express his intentions than by transcribing the language of the preface. "During a long service as a medical student in the north of England, in Edinburgh, London, and in Paris; during a practice of six years in London; of eight years whilst he was professor in the University of Virginia; of three years as professor in the University of Maryland; and of up-

wards of five years as professor in the Jefferson Medical College of Philadelphia, he has carefully noted the modifications that appeared to be produced by climate and locality. Moreover, his services for three years as physician to the Baltimore Infirmary; and for a longer period as physician to the Philadelphia Hospital, one of the largest charities in the country, has enabled him to appreciate the differences presented by the same malady, according as it may fall under the care of the private practitioner or the medical officer of an eleemosynary institution; and to pronounce, as the result of such observations, that the great principles of pathology and therapeutics are the same everywhere, and that one, who has been well grounded in those principles, can exercise his profession with as much satisfaction to himself, and advantage to the sick, in the scorching presidencies of British India, as in the more temperate regions of our own country."

Book 1st has the following arrangement. Diseases of the alimentary canal—embracing, 1st, diseases of the mouth, tongue, teeth, gums, velum palati and uvula—in separate sections; 2d, diseases of the pharynx and œsophagus, stomach, intestines, peritoneum—morbid productions, &c. Book 2d, diseases of the respiratory organs, &c., minutely considered; 3d, embraces diseases of the circulatory apparatus; 4th, diseases of the glandiform ganglions, &c. &c.; 5th, diseases of the glandular organs; 6th, diseases of the nervous system; 7th, diseases of the organs of sense; 8th, diseases of the organs of reproduction; and the 9th and last book treats of diseases involving various organs.

We have endeavored to convey a general idea of the scheme of this important work, that physicians may have some data to go upon in deciding upon its character. Dr. Dunglison appears to have collected every essential fact within the compass of an extensive field of observation, and has so arranged the whole mass of materials, that there is not even an opportunity for finding fault.

At present, copies may be had at Mr. Ticknor's, Washington street.

Principles and Practice of Obstetric Medicine and Surgery.—Since writing a former paragraphic notice of the re-publication of Mr. Ramsbotham's great work, we have given the book a more thorough examination. It is certainly a very complete production, for no point, even remotely related to the subject of obstetric medicine, seems to be omitted. The author anticipates the reader in a multitude of ideas, which he might almost consider exclusively the results of his own personal observation, and unknown to others. This shows with what minuteness the domain of obstetrics has been surveyed by this accurate writer.

This is the first American edition—purporting to have been revised; by whom or when, is not stated. No one can be deceived in regard to the intrinsic value of the plates—one hundred and forty-two in number. Although lithographic, they are as delicately and accurately executed as copper-plate engravings—many of them strikingly resembling some of the best in the last foreign edition of Smillie's *System of Midwifery*. That work, now but little thought of, was always especially prized on account of the truth and beauty of execution of its plates.

Dr. Ramsbotham's treatise may be found on sale at Saxon & Peirce's, and at Ticknor's, Washington street.

Therapeutic Arrangement of the Materia Medica.—Dr. Martyn Paine, author of the *Commentaries, Letters on the Cholera Asphyxia of New York*, Professor of the Institutes of Medicine, &c., in the University of New York, has sent forth a new essay, entitled—“*The Materia Medica, arranged upon Physiological Principles, and in the order of the general practical value which remedial agents hold under their several denominations*,” &c. It has been written within the last two months, and yet it has the general appearance of having been the careful labor of a year. Dr. Paine is a prolific writer—a paragon of industry. We are astonished at the results of his indefatigable literary perseverance. The preface is as keen as a scalpel. When a brave man is driven to the wall, there is but one course left, and that is, to resist with all his might. The house is the owner's castle, and Dr. Paine defends his like a veteran hero.—We must read the whole book before remarking further.

Penitentiary Practice.—From the last Annual Report of the Directors of the Ohio Penitentiary, at Columbus, we collect the following statistics of disease in the Prison for one year—being an abstract of the report of the physician, James Irons, M.D. There were from December 1st, 1840, to June 16th, 1841, 225 cases requiring medical aid. Of these, 37 occurred in December; 38 in January; 17 in February; 29 in March; 31 in April; 26 in May; and 8 only in June. In consequence of this there were 2892 days lost to the Commonwealth in the labor of the prisoners. Only four deaths took place. The nomenclature of diseases which were met with is a little queer, but, after all, not a fraction more unscientific than may be found half the world over. It looks somewhat out of joint to notice, in an official report, one patient chronicled on the sick list, with *sore back*. A horse may have a sore back, too—but the question would be with the critical practitioner, what caused it?

British Foreign Medical Service.—In her Majesty's service in Bengal, there is 1 inspector-general of hospitals, 16 surgeons, 24 assistant surgeons, and 2 veterinary surgeons. In the East India Company's service, on the same station, 162 surgeons, 230 assistant surgeons, 15 supernumeraries, 19 veterinary surgeons, 36 apothecaries, 4 supernumeraries, 42 assistant apothecaries, 26 stewards, and 10 assist. stewards. At the Madras medical establishment, in the Queen's service, 1 deputy inspector-general of hospitals, 8 surgeons, 15 assistant surgeons, and 1 veterinary surgeon. In the Company's service—there are 74 surgeons, 168 assistant do., 12 veterinary do., 40 apothecaries and 19 assist. do. On the Bombay medical station, in the Queen's service, there is 1 deputy inspector-general of hospitals, and 1 assistant, 5 surgeons, 10 assist. do., and 1 veterinary surgeon. The Company employ on the same station, 55 surgeons, 109 assistant surgeons, 4 acting assistant surgeons, 1 sub-assistant surgeon, 7 veterinary surgeons, 19 apothecaries, 2 acting do., 2 sub do., 8 stewards, 3 acting do., 31 assistant apothecaries and stewards, and 25 assistant acting do.—giving a grand total in 1841, of 276 surgeons, 570 assistant surgeons, 50 veterinary do., 120 apothecaries, 25 assistant do.—besides 57 stewards and their 25 assistants—in all, 1123 persons.

With these statistics of one portion of the British empire, which requires such a multitude of medical men, we may understand in what man-

ner the thousands of students educated at the London schools of medicine and surgery, together with those of Edinburgh and Dublin, find employment. The colonial possessions of England in all other portions of the globe, in connection with the requirements of the navy, make an annual demand for a vast number of young surgeons, who are generally well supported. In the East India service, at a particular age they can retire upon an annuity, the fund from which it is drawn being a voluntary tax, contributed at regular periods, commencing with their entrance into the service.

Statistics of Mortality by Consumption.—By the last annual report from the health office of Boston, we learn that 1919 individuals have died the past year, that 256 of the deaths were from consumption, and that 229 were from other diseases of the respiratory organs. Computing the present number of inhabitants at 85,000, then 5.7 in 1000 living, die annually from diseases of the respiratory organs, and 3.3 in 1000 living, die of consumption, giving Boston a decided advantage over England in this respect. In the *Medico-Chirurgical Review* for 1841, we have a review of the Annual Report of the *Registrar-General*, of births, marriages and deaths in England, for a year or two previous—and it appears that in every 1000 living, 6 die annually in England from diseases of the respiratory organs; and 4 in every 1000 living, die of consumption. 18 per cent., or 16 per cent. of the deaths of males and 19.2 of females, is caused by consumption. 31,090 English women die in one year of the incurable malady. Consumption, there, destroys the greatest number in spring, but the excess of deaths may have been the result of the previous winter's cold. Males suffer more from the disease in winter, than females. T.

Geneva College.—As usual, the medical department of this well-governed Institution, stands high in public estimation. *One hundred and fifty-six students*, forty-eight physicians, and seven classical students, attended the last course of lectures. One hundred and nine degrees of doctor in medicine have been conferred since the organization of the school in 1834.

Pain in the Tibia removed by Incision. By JOHN JONES.—The interesting case of severe pain in the tibia relieved by incision, narrated by Mr. Freeman, in your last No., induces me to bear testimony to the success of his plan of treatment in an exact similar case that occurred in my own practice sixteen or seventeen years since.

A strong, hale farmer, about 50 years of age, living on the borders of the forest of Exmoor, was attacked with the most severe and excruciating pain in the lower part of the tibia. He sought relief from the nearest medical man in the neighborhood, who bled him topically and generally, applied blisters, rubefacients, fomentations, &c. &c., but all without the least alleviation of pain. When I first saw him, the disease had existed above a fortnight, and the sufferer was evidently sinking from excessive pain. There were no appearances of inflammation, nor had any previously been discoverable; indeed, the limb had a perfectly normal appearance. I immediately made three free incisions, so as to divide the periosteum, in a line with the tendon of the tibialis anticus. A common poultice was applied, and entire cessation of pain was experienced in the

course of a few hours. The patient got rapidly well, and is, I believe, still living in perfect health.—*London Lancet.*

Mr. Braid's New Operation for Club-foot.—In the course of my practice I discovered a variety of talipes, not arising from preternatural contraction, but from paralysis of certain classes of muscles. It occurred to me that excision of a portion of the elongated tendons in this affection would supply an efficient means of cure. The following case furnished the first opportunity for the trial of the experiment:—A patient, 6 years old, had been given up as the subject of hopeless paralysis. The left leg was perfectly powerless, dangling by the side of her crutch, without reaching the ground, much colder than natural, the foot assuming a slight degree of varus, so that when placed on the ground it rested on its outer edge, the heel slightly elevated, and the toes turned a little inwards. I excised three sixteenths of an inch of the peronæus tertius, and dressed and bandaged the limb, so as to maintain the divided ends in contact. In a week she could walk across the floor with the assistance of a hand, and on the tenth day she walked across my surgery floor and back again without any assistance. In twenty days she put on a boot, and in another week walked without her crutch, which she has done ever since.

Mr. Braid relates seven other similar cases which proved successful.—*Ibid., from Edinburgh Journal.*

Number of deaths in Boston for the week ending Feb. 5, 62.—Males, 30; Females, 32. Stillborn, 3. Consumption, 5—Inflammation of the lungs, 2—scarlet fever, 11—Inflammation of the brain, 1—lung fever, 10—disease of the heart, 1—dropsy, 3—canker in the bowels, 1—erysipelas, 1—Influenza, 1—bronchitis, 1—sudden, 1—old age, 3—Hepatitis, 1—scrofula, 1—liver complaint, 1—child-bed, 1—disease of head, 1—fever sore, 1—congestion of the lungs, 1—purpura hemorrhagica, 1—teething, 1—infantile, 2—dropsy in the head, 1—croup, 1—burn, 1—tumor in the bowels, 1—Intemperance, 1—debility, 1—canker rash, 1—fits, 1—dropsy on the brain, 1—unknown, 1.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now fully acknowledged by the most eminent Physicians, Surgeons and Chemists, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewster, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to W. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to D. Smith & Co. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chestnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrall & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S Elixir of Opium, as there are base imitations in existence. F. 9—3t

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1841. Dec.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.			
1 Wed.	21	36	32	29.73	29.70	29.69	S W	Fair	
2 Thur.	33	41	40	29.70	29.71	29.74	S W	Fair	
3 Frid.	34	39	40	29.72	29.56	29.47	N E	Rain	.14 inch of rain.
4 Satur.	48	46	44	28.78	29.58	28.53	S W	Fair	.91 inch rain in the morning—snow squalls.
5 Sun.	34	34	36	28.58	29.55	28.54	S W	Fair	
6 Mon.	34	34	30	28.80	29.90	29.97	N W	Fair	
7 Tues.	25	34	32	29.25	29.35	29.39	N W	Fair	Beautiful sunset—halo around the moon.
8 Wed.	21	36	35	29.54	29.52	29.50	S W	Fair	
9 Thur.	38	45	44	29.34	29.28	29.23	S W	Cloudy	.75 inch of rain.
10 Frid.	38	46	44	29.35	29.30	29.24	N E	Cloudy	
11 Satur.	44	46	44	28.90	28.87	28.99	N b E	Rain	.02 inch of rain.
12 Sun.	34	44	41	29.10	29.20	29.31	N W	Fair	
13 Mon.	29	38	36	29.54	29.55	29.54	S E	Fair	
14 Tues.	35	43	48	29.36	29.18	29.16	S E	Rain	.57 inch of rain.
15 Wed.	40	47	46	29.36	29.40	29.39	N W	Cloudy	.02 inch of rain.
16 Thur.	40	40	40	29.42	29.35	29.34	N E	Cloudy	No frost in the ground—farmers ploughing.
17 Frid.	26	24	25	29.03	28.80	28.79	N E	Snow	Full of snow 2 inches.
18 Satur.	18	18	17	28.65	28.75	28.80	N W	Cloudy	
19 Sun.	12	23	24	29.20	29.29	29.30	S W	Cloudy	
20 Mon.	23	26	26	29.44	29.43	29.44	S W	Fair	
21 Tues.	19	19	17	29.54	29.60	29.65	N W	Fair	Fall of snow 2 inches.
22 Wed.	4	18	18	30.00	30.66	30.08	N W	Fair	Barom. 30.12 in the evening.
23 Thur.	10	22	20	30.05	30.00	29.93	N E	Cloudy	Barom. 30.11 in the morning.
24 Frid.	46	35	32	29.19	29.25	29.34	N W	Fair	High wind and rain in the night. .98 inch.
25 Satur.	28	29	26	29.46	29.47	29.43	N W	Cloudy	Halos around the moon.
26 Sun.	10	24	24	29.54	29.56	29.57	N W	Fair	
27 Mon.	17	28	26	29.62	29.63	29.63	N E	Cloudy	
28 Tues.	28	32	35	29.63	29.57	29.55	S W	Cloudy	Beautiful sunset.
29 Wed.	29	34	32	29.67	29.73	29.75	N W	Fair	Halos around the moon.
30 Thur.	28	34	32	29.77	29.60	29.55	S E	Cloudy	Snow commenced at 2 P. M. Snow 2 inch.
31 Frid.	23	38	36	29.38	29.27	29.24	S W	Fair	Beautiful sunset.

The month of December has been mild, open and pleasant. Little snow has fallen: there has been little or no sleighing. The range of the barometer has been great, and the changes sudden: highest 30.12; lowest, 28.54. Thermometer has ranged from 4 to 48. Rain, 4.77 inches; snow, 6 inches.

MEDICAL SCHOOL OF MAINE.

The Medical Lectures at Bowdoin College will commence on Monday, the 14th day of February, 1842, and continue three months.

Anatomy and Surgery, by - - - - - JOSEPH ROBY, M.D.
Theory and Practice of Physic, by - - - - - WILLIAM SWEETSER, M.D.
Obstetrics, by - - - - - EBENEZER WELLS, M.D.
Chemistry and Materia Medica, by - - - - - PARKER CLEVELAND, M.D.

The Library contains about 3000 vols. principally modern works.

Every person becoming a member of this Institution, is required previously to present satisfactory evidence of possessing a good moral character.

The amount of fees for the Lectures is \$50, payable in advance. Graduation fee, \$10.

Degrees are conferred at the close of the Lecture Term in May, and at the following Commencement of the College in September. PARKER CLEVELAND, Secretary.

Brunswick, October, 1841.

D. 8—eop6t

CASTLETON MEDICAL COLLEGE.

The annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.
Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.
Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.
Theory and Practice of Medicine, by DAVID M. REESE, M.D.
Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.
Chemistry and Pharmacy, by WILLIAM MATHER, M.D.
Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.
Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.
Demonstrator of Anatomy, EBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 4, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, FEBRUARY 16, 1842.

No. 2.

ON THE TREATMENT OF PLEURISY.

FROM DR. WATSON'S LECTURES AT KING'S COLLEGE, LONDON.

As to the *treatment* of pleurisy, you will have anticipated that in the outset of the disease we must have recourse to the lancet. I have stated more than once that bloodletting *tells* more, and is better borne, in inflammation of serous membranes, than in any other case. If you see the patient while the stitch in the side and the restrained and cautious respiration are present, you will bleed him, in the upright posture, from a large orifice, until the pain is relieved, and he can draw a full breath again with ease and satisfaction; or until he is about to faint. And if the pain and catch in the breathing should return, and the pulse continue firm and hard, you will bleed again in the same way; or cover the painful side with leeches; or abstract blood by the cupping-glass and scarificator. It is best to bleed fearlessly at first, and in proportion as you do so the chance will be diminished of a repetition of the bloodletting being needed. The blood, in pleuritis, is always deeply buffed and cupped.

Tartar emetic, which is so useful when the mucous membrane of the air-passages is inflamed, is *not* adapted to inflammation of the pleura. On the other hand, mercury, from its well-known power to check the effusion of coagulable lymph, is *especially* indicated. Of course it is to be given with a view to its specific effect on the system; i. e., in equal doses repeated at frequent and equal intervals, and guarded by a small quantity of opium. And in very severe cases, or when the internal employment of mercury is in any way contra-indicated, recourse must be had to inunction of the linimentum hydrargyri, or of the strong mercurial ointment.

By the early and vigorous adoption of these measures, the inflammation may generally be subdued in no long time. If, though the fever diminish, there still be pain in any part of the chest, leeches may be again applied, or the part may be covered with a blister. I do not think a blister does any good—on the contrary, it is likely, by the additional irritation it causes, to do harm—while the inflammation is yet recent and active.

But though pain may have ceased, and no fever remains, and the patient is not conscious of much dyspnœa, there may be, and there often *will* be, evidence, not to be mistaken, of effusion into the cavity of the pleura. Dulness, I mean, on percussion, bronchial respiration, ægophony; and the object of our treatment is now to get rid of the fluid.

We seek to do so by keeping the patient on low diet. The more (says Broussais, with some quaintness), the more the patient eats, the sooner he will die. We pursue the same object by keeping his gums tender with mercury; by applying blisters one after another to the affected side; and by purgatives and diuretics. By keeping the vessels empty we facilitate, as much as in us lies, the absorption of the liquid contents of the pleura. A very good form of diuretic for this state of matters is a combination of squills, digitalis and mercury. Half a grain of digitalis, one grain of squills, and three or five grains of blue pill, repeated and continued according to the state of the mouth.

Under this kind of treatment the effused fluid will often be completely removed; and the chest restored to its former state. I last week dismissed a lad from the Hospital in whom all this took place.

But in other cases, though the fever and the inflammation are at an end, and absorption of the liquid takes place, the parts within the thorax do *not* revert to their original condition. This we know by that shrinking of its dimensions on the side affected, which was described in the last lecture. This shrinking and narrowing is the *necessary consequence* of the absorption of the liquid, *unless* the compressed lung dilates again in proportion as the fluid is taken up. In most cases of this kind the lung *cannot* rise; being bound down by thick and firm false membranes; and then the deformity is irremediable, and lasts for life. If the lung is completely emptied of air, and enveloped by strong bands of lymph, so that it is permanently unable to admit air again—in that case, as the bony framework of the thorax can yield to a certain extent only, there will always remain, I presume, some liquid in the pleural cavity. If, again, the lung recovers a part of its lost volume, and *meets* the contracting parietes of the chest, adhesion may take place, and the cavity of the pleura be obliterated by thick layers of false membrane. And other changes are apt to arise in the lymph which is adherent to the pleura in these cases of imperfect repair. Sometimes tubercles form in it. Sometimes ossific matter is deposited. I show you a fine specimen of this kind of ossification of the pleura. There is yet another supposable case: the investing adventitious membrane may be thin, and weak, and yielding; and though the lung may not expand to its full dimensions at first, it may gradually force its way against the binding power of the coagulable lymph, and then the external configuration of the chest may be restored, and the symmetry between the two sides return. That this sometimes takes place I cannot doubt; but I have only once met with a case in which the dwindling of the side was *entirely* recovered from. In May, 1834, I was asked to see a child four years old, who had had cough, and wasted to mere skin and bone, after scarlet fever. I found the whole of the right side of the chest perfectly dull on percussion, and no respiration could be heard on that side. He was taken by his parents into the country, and I did not see him again for some weeks. He then had ceased to cough, and, in a great measure, had regained his strength; but he presented, on the side which had been dull, the most marked and complete example I ever saw of the sinking in of the ribs, flattening and shrinking of the chest, and depression of the shoulder, which denote by-gone pleurisy and

diminished size of the lung. About a year from the occurrence of the original disease his father brought him to my house, that I might see the change which had again taken place. The boy was plump and rosy and in perfect health; the right side of the chest was as full and round as the other; the symmetry of the two sides was completely restored; the breathing perfect and natural; and the sound on percussion hollow. His father, to whom the former shrunk state of the side had been pointed out, told me that he had watched, with deep interest, the process of recovery, and that it had been very *gradual*. Whether after once having subsided, the ribs ever quite return to their natural position in the adult subject, I do not know. I have never seen that happen.

There are yet other cases in which the effusion continues and increases, and the side, instead of shrinking, enlarges; the functions of the lung on that side are entirely abolished; nay, the use of the remaining lung is greatly interfered with, by the pushing over of the mediastinum; and the patient is in imminent danger of suffocation. In such cases, whether the effusion has taken place rapidly or slowly—whether the disease has been acute or chronic pleurisy—we must relieve the oppressed lung by *letting the fluid out*—by tapping the thorax; and the sooner that is done, when such a state of things exists, the better.

The operation is not difficult or formidable; but a mistake in the diagnosis may be *very* formidable. I have heard of two instances, one in Scotland, and one in this town, in which the operation of paracentesis thoracis was determined on to relieve the oppression caused by empyema: but the opening was made on the wrong side; and the patient in three minutes was, in each case, a corpse. There was effusion, which had already put a stop to the play of one lung: and upon air being admitted to the surface of the other, it collapsed also, and immediate suffocation took place. I do not mention these mishaps to deter you from performing the operation. They both took place some years ago. Such a mistake would be unpardonable now. But I mention them to show the necessity of our being sure of our ground before we proceed to open the thorax of a living person. A surgeon told me very recently that with the sanction, and at the suggestion, of a physician, who understands auscultation exceedingly well, I believe, he passed a trocar into the chest of a patient; but no fluid followed, to the no small mortification of the physician. This proved to be a case of malignant disease of the lung; and fluid was let out afterwards by puncturing the thorax in another place, and much relief afforded; although, of course, the disease proved ultimately fatal. The surgeon informed me that he had suspected the true nature of the case, from observing a livid protrusion in front; which was, in fact, the specific disease making its way through.

You will take care, then, to survey the chest narrowly before you plunge a trocar into it. If you see by your eye, and ascertain by measurement, that one side is larger than the other; if the intercostal depressions be effaced on that side; if the whole surface affords a dull sound when percussed; if the side does not move at all, or scarcely moves during respiration; if no vibration can be felt on that side when the patient speaks; if no breathing can be heard in the corresponding lung; if the

heart be found beating in an unnatural place, down towards the left hypochondrium, or in the other direction on the right of the sternum; and if, at the same time, the other side of the chest moves freely, sounds resonantly, communicates a thrill to the hand while the patient converses, and is full of *puerile* respiration; then you may be sure that the larger side is distended with fluid.

But it does not follow that you should, therefore, open that side. The propriety of doing so will depend upon circumstances.

In my judgment, that operation ought never to be performed unless the life of the patient is, or seems to be, in jeopardy, from the continued presence of the liquid within the thorax.

Now life is plainly in jeopardy when the vital functions of the lungs, or of the heart, are greatly hindered; when symptoms present themselves of approaching death by apnoea, or by syncope. If we discover no cause for these symptoms, except the increasing pressure of liquid pent up in the pleura, we are warranted in ascribing them to such pressure, and bound to act upon that persuasion. Whenever, with the physical signs of abundant effusion, we have great labor and distress of breathing, an anxious and livid aspect, a tendency to delirium—or extreme faintness, and a vanishing pulse—there is no time to be lost: it is our duty to propose and urge the mechanical removal of the pressure which must else be fatal.

Again, when the patient, without suffering much dyspnoea while he lies quiet, is yet evidently losing ground from day to day, and early death by asthenia appears, without the operation, to be inevitable; and when all other means for getting rid of the imprisoned liquid have failed; and when no other condition of disease, or of advanced age, exists to account for the progressive sinking: then also, in my opinion, the patient should not be denied the *chance* which the operation may afford.

Thirdly, whenever (no matter how we ascertain the fact) the effused liquid consists of *pus*, it should be let out.

In either of these three predicaments, and in no other, should we be justified (as I think) in making an opening into the living thorax.

But I wish to be understood as giving you simply the impression which my own experience has made upon my own mind. I know that some practitioners recommend the early employment of the trocar; while (they say) the false membranes, which are apt to prevent the collapsed lung from expanding again, are yet tender and unorganized. But surely we should risk much, and gain nothing, by admitting air into the pleura while the inflammation is still in progress. Most cases of mere pleurisy with effusion do well. The mortality from uncomplicated pleurisy is exceedingly small. It would, I fear, be vastly augmented if every patient having manifest effusion were to be tapped. The danger of the operation is this;—that it may, and probably will, induce suppuration, or cause the effused liquid to become putrid. Generally the effusion consists of serous fluid, which is at length spontaneously re-absorbed: the lung expands again, or the walls of the chest shrink inwards: and the ultimate state of such a patient is as good as it probably would be after a successful tapping.

To make assurance doubly sure, it is always right, before proceeding

to the operation of paracentesis, to adopt the expedient first suggested and adopted I believe by Dr. Thomas Davies, of trying the chest by means of a grooved needle; making a tentative exploration of the nature of its contents in that manner. The passage of this little instrument—like the dismissal of a pilot balloon—affords information which is useful in guiding the particulars of the subsequent operation. It not only ascertains that there really is liquid within the pleura, but it discovers the kind and quality, and exact place, of the liquid. If it be serous, it will flow readily along the groove, and trickle down the patient's side. If it be puriform and thick, it will not exude so freely, but a drop or two will probably be visible at the external orifice; and when the needle is withdrawn, its groove will be found to contain pus. In the former case, it is possible that there may be no false membranes; in the latter they are likely to be thick. You would use a larger trocar to evacuate the thicker fluid.

The puncture thus made is quite harmless; and inflicts very trifling pain. Dr. Davies gives this useful piece of advice in respect to the trocar, that its point should be *sharp*: for otherwise, after the serous membrane has been penetrated, if there happen to be thick, tough layers of coagulable lymph, not very closely attached to the costal pleura, they may be driven before the instrument, and so the liquid will not be reached, but the operator will be perplexed and baffled.

[To be continued.]

A GLANCE AT MEDICINE IN PHILADELPHIA.—NO. II.

To the Editor of the Boston Medical and Surgical Journal.

ON Wednesday, 27th October, 1841, I took up my residence for the first time in the City of Brotherly Love, at a private boarding house, corner of Eighth and Walnut. Although I was furnished with several introductory notes in New York, I first sought some of my invalid acquaintances, and through them their family physicians. As my *real* object, however, in visiting the city was the acquisition of medical science, whether gained in private conversations, lectures, hospitals, libraries, museums or medical clubs, I soon abandoned all formality, and without hesitation made my own introduction when it was not perfectly convenient to obtain the medium of others. As my name and residence had become generally known to the physicians through the frequent visits of their patients to the Springs, credence was readily obtained, and thus needless formality avoided. During an abode of three weeks, I was made unceremoniously a guest in the families of several, and at many of their private libraries and offices, and was admitted to various hospitals and to courses of public and private medical instruction. I was also politely invited to several medical and scientific clubs, of which it may be proper to speak in this place.

All the MEDICAL CLUBS I attended were very similar. Some dozen medical men associate and meet once a week at each others' houses in rotation, after the labors of the day are over. The interview occupies say

from 8½ to 10½ P. M. The only absolute rule that was apparent was that the refreshments should be rigidly limited as to variety. Cakes, coffee and tea and biscuit comprised the whole. This, having been long and fully settled, exempts the family from trouble, and leaves the host entirely at his ease and enjoyment. Indeed there is not the least awkwardness nor embarrassment in the host's attending to an incidental call. These circles were the scenes of easy medical and scientific chat, without stiffness or any sort of friction from regulations; a place of relaxation and mutual information respecting the subjects that would naturally interest a set of scientific professional men. The friendly feelings generated and enhanced by these meetings must serve greatly to lighten the anxieties and cheer the labors of the members of the circle. There was not the least formality and no organization. Each one came and went without ceremony.

I am thus particular respecting these clubs, because I have long been an advocate of their use in other cities and villages. There is scarcely a village so small in New England that some dozen men might not spend a couple of hours, once a week or fortnight, in unceremonious conversation on miscellaneous subjects. In cities, physicians can do this. It cannot be denied that many clubs have failed. But, on inquiry, the cause of failure will be found in nearly every instance in the one fact that the entertainments were not limited, exactly and scrupulously, at the commencement. This fault is not chargeable to the selfishness, but the generosity of the members: and if their families were never sick, nor servants difficult to be procured, the failure would not occur.

The **WISTAR PARTIES** in Philadelphia are held every Saturday evening through the winter, and are on a different basis. No person can be a member unless previously a member of the American Philosophical Society. This renders it, "per se," a society of distinction. They meet from house to house, each member bringing a stranger of proper character if he chooses. No ladies attend. Among the distinguished Philadelphians present, I was proud to see a very full representation of our own profession. The supper table was very sumptuous for a scientific body, and I deeply regret to say that various kinds of wine are yet placed on the table. Would these noble-looking men, with their bright faces, eloquent lips and glowing sentiments, be more likely to withdraw from these social gatherings if the wine should be dismissed and the multiplied hospitalities of the supper table be reduced to a simple repast? Do I wrong these men, to whom I stand indebted as an obliged guest, by supposing that, if the secret thoughts of all their hearts could be read, it would be found that these fellow citizens of Franklin disclaim all connection between wine and science, and heartily wish them divorced?

Before dismissing the subject of clubs, indulge me in saying a word about a medical association in Hartford County, Conn. About 17 years since, several high-minded physicians in that county constituted themselves into an election society under the name of the Hopkins Medical Association, to embrace all in the vicinity who seemed worthy and desirous of membership. The terms of election were made so rigid that it was next to impossible for a dishonorable man to gain admittance. They

have met ever since, once in four months, or three times a year. At first they went from house to house in rotation. But the remoteness of some of the meetings from the city, the occurrence of an occasional stormy day, and the liability of sickness in the family of the host, nearly destroyed the club.

At this juncture an intelligent manager of a public house in Hartford, considering that, owing to the peculiar engagements of physicians, the distance of many, and stormy days, he could scarcely have an average attendance of over half of the enrolled members, offered to give them a plain, substantial supper three times a year for one dollar a member per annum! By this arrangement the public house receives say forty dollars a year for about as many meals, and some pretty little perquisites from horse-keeping, &c., so that they have given the club a large sitting room and a meal three afternoons a year for several years, and have never complained. This arrangement could only have been accomplished in Yankee land, but there it may be done in many other cities and villages: and if both parties are as happy as they have been in this case, they never will regret the undertaking. The elective nature of the Society has had a palpably beneficial effect on the profession out of the club, in restraining them from dishonorable practices; and those within are clearly much benefited by the social and scientific exercises of the club. Each meeting has an organized session before supper, devoted rigidly to medical discussions and improvement: social pleasures succeed. I commend this Society to the consideration of the leading men of our profession in the many localities in our country that are populous enough to admit of such association.

But, omitting the further discussion of clubs, let us pass to a different topic; viz., the *comparative respectability of the medical profession* in Philadelphia. I admit, most fully, the fallacy of first impressions. I know how differently men and things appear after a year's acquaintance and observation. Still I am confident there can be no cause for reconsideration in asserting that our profession hold a very high rank in that city. Consider that there are three flourishing medical colleges in the very heart of the city, and near each other, either of which would stand high in any part of the country. About the first of November from seven hundred to one thousand medical students and strangers are, all at once, to be seen traversing the streets and inquiring for the various medical offices. This noticeable influx of strangers makes its proper impression on the citizens. It is a matter of commercial and social interest. These students scatter into many families, and medical men and medical subjects become legitimate matters of discourse. They spend the winter, and leave to the boarding-houses, lecturers, book-sellers, merchants, private teachers, &c. &c., many thousand dollars. Even strangers can see that medicine is a subject of general interest in Philadelphia. When comparing these flourishing medical schools with literary colleges, law schools and theological schools, the difference often appeared marvellous. What other distinctions has this city achieved except in medical science? But, here, all is enthusiasm—all spirit. Even men who are not public lecturers, receive large sums for private instruction. To accommodate students rooms are

handsomely furnished with libraries, apparatus, models, &c., in various parts of the city, and thus a promising corps of future lecturers are already in the harness. If we inquire how came the Philadelphians by these substantial perquisites, the answer is obvious; that it was because a band of distinguished medical men, whose names are familiar to all, took the lead of the whole country in medical instruction, and have managed, by means of their excellent institutions and successors, to keep it. This is the simple and undoubted reason. Professor Chapman said, in his introductory, that no European physician could gain solid footing in Philadelphia until he had abandoned all pretensions to curing his patients by foreign systems, and had adopted the prevailing practice of the city. And medical students that go abroad are forced to abandon mustaches, foreign frippery, and foreign systems, on their return, and adopt the methods and costume of home.

The dress, equipage and household arrangements of the physicians of Philadelphia comport with the elevation of their character. Indeed, from a slight acquaintance in Boston and New Orleans, and a very considerable one in New York, I think the medical men of Philadelphia are rather obnoxious to the charge of paying too great attention to these things. Their fees are very moderate, and complained of by themselves. I was told repeatedly that scarcely any man, however distinguished, charges over one dollar a visit in ordinary practice. This is the regular charge in such places as Albany, Troy, Utica and New Haven. In New York and Boston, men of similar distinction charge decidedly higher: one dollar and a half in Boston and two dollars in New York being the common charge of fashionable practitioners. It should be added that there are men in both these cities whose services are rewarded at a much higher rate, and justly; for the plain reason that men of inferior talents and responsibilities in other employments are compensated much more liberally than themselves. It did not destroy Sir Astley Cooper's acknowledged liberality in his profession that he accumulated a fortune. And who would think the worse of the distinguished men of Philadelphia, who have, by ardent toil and laborious perseverance, made their services indispensable to their wealthy neighbors, should they lay up a few thousands for old age? Is there any reason in the world why a physician or surgeon who renders services of an extraordinary value should not be compensated precisely as a lawyer or a merchant is in the same case? If an Astor or Girard could add a farm to his possessions by one mental process, should not a Physick or a Mott receive extra compensation for an equally supererminent, intellectual exertion? If every body says it is right for Daniel Webster to be munificently rewarded for securing, perhaps, an estate to a family by his great legal knowledge and power, shall it be pronounced mercenary if his neighbor, Dr. Warren, should receive a like generous gratuity for rescuing from death some beloved member of a family by his surpassing medical skill? I truly cannot perceive the difference. Oppression and hard-fisted exactions in our profession I deplore. Among the little or the great, they are an abomination. And, whenever a physician finds himself grasping at a higher *annual* amount of compensation than men of

equal talents receive in other employments, he may be sure he is wrong, and will be likely to bring reproach upon his own profession.

Constituted, however, as our ranks are, with at least double the number of practitioners needed in our country, the power of competition must repress extortion and forbid the hope of wealth among the members in general. The late Dr. Miner, of Middletown, Conn., used to say that four hundred dollars were an annual average income for the physicians in that county. The statement appears scarcely credible when it is remembered that each one must keep his horse and equipage. To those only who know something of the "get-along-ity" of the Yankee character, and the collateral aids they can secure, will the statement appear other than fabulous. The remainder next week. M. L. NORTH.
Saratoga, Jan. 22, 1842.

FISTULA IN PERINÆO AND ARTIFICIAL ANUS IN THE SAME INDIVIDUAL.

[Communicated for the Boston Medical and Surgical Journal.]

WILLIAM BAKER, aged 25 years, of phlegmatic temperament, was placed under my care by Dr. Bancher, of this city, April 10, 1839. He had been for two years the subject of several sinuses in perinæo, communicating with the urethra—as was evident from the free passage of urine through them whenever the bladder became distended with water. To prevent this annoyance, he was in the habit of using the catheter several times daily, never attempting to pass his urine in the ordinary way, as the least contractile effort caused it to appear freely through the sinuses in perinæo. Upon observing the large size of the catheter used, I was surprised to learn that he had never been the subject of stricture, either from venereal or any other cause. I found no reason to doubt his assurance that he had never exposed himself to such liability. On examination, I found three of the sinuses communicating very deeply with a more direct one, connected with the urethra, as near as I could judge in its membranous part. This was ascertained by passing a sound into the bladder, and a probe through the more direct sinus: three others being then passed through the lesser sinuses, whilst the sound was held in the left hand, the metallic touch was found continuous. Another probe being passed through a sinus, a second opening in perinæo was felt by the finger per rectum. The prostate gland was also much enlarged.

In the left groin a sinus was observed, through which feces had passed in small quantities daily for six months. During this period, the feces also passed in ordinary quantity per rectum. The history of this last sinus was unique. Six months previously an isolated point of inflammation was observed by Dr. Bancher, on the left side the raphe of the scrotum; this gradually travelled upwards till it stopped in the left groin, and then enlarged in a few days to the size of the double fist, when it broke spontaneously and discharged matter and feces. Three small sinuses communicated with both testicles. The general aspect of the patient was miserable; pallid and emaciated, he declared life to be a burden, and

eagerly desired anything that promised relief. The most judicious treatment, both local and general, having been pursued by Dr. Bancher, viz., wearing the elastic catheter, injections of nit. argent., iodine, sulphate of copper, &c., with iodine and other tonics internally, and all to no purpose, and finding the sinuses almost of cartilaginous hardness, I resolved to give him the chance of an operation; but feeling it due to the patient, I suggested a consultation.

Dr. Post being called, proposed that the operation for fistula in ano should first be done; this was effected in the ordinary way. A few days afterwards, a sound being passed into the bladder, the patient placed as in lithotomy, all the sinuses were successively dilated, till the sound was met by the beak of the bistoury; when this point was attained, I passed my finger its entire length into the wound, and with the other in the rectum, found the prostate had been partially divided. The wound was dressed from the bottom, and a large gum-elastic catheter passed into the bladder. As soon as suppuration was established, porter, beef and quinine were freely given. The amendment was tedious; the patient pursuing the sedentary occupation of a fancy-store keeper, and breathing a close atmosphere. The artificial anus was constantly dressed with iodine. This was also frequently injected into the wounds, and pledgets of lint, saturated therewith, left as stimuli. In six months the patient completely recovered, and is now very robust. The artificial anus is closed. The sinuses in the testicles remain. The fistula doubtless originated in a scrofulous abscess of the prostate gland.

EDWARD H. DIXON.

New York, February, 1842.

TREATMENT OF NEURALGIA.

[FROM a review of a French work, by M. Valleix, on neuralgia, in the last No. of the British and Foreign Medical Review, we take the following remarks on the treatment of that disease.]

We now proceed to the consideration of the treatment of neuralgia, a subject which, notwithstanding its great importance, will detain us but a short time, because, excepting on one or two points, our author differs but little from the opinions of preceding writers. We shall begin with the *internal* administration of remedies; and here, at the outset, we would remark, that throughout the entire course of the work before us, M. Valleix does not once refer to the *purgative plan*. It is impossible that he can be ignorant of it, and equally so that he should be unaware of the success which has undoubtedly attended it in many cases, though it has failed in producing all the benefit that was once confidently anticipated from its employment. How the omission is to be explained we know not, but it is assuredly one of no small magnitude. Several years ago Sir Charles Bell reported in the Medical Gazette his success in the treatment of *tic* on this plan, the principal purgative being croton oil. He has noticed the subject at greater length in a late publication, and Dr. Newbigging has recently published a report on the same subject. Dr. Allnatt, in the little work on *Tic Douloureux* noticed in our last No., has

adopted the same mode of treatment, and, according to his report, with very great success. In some of these cases the croton oil would seem to have had some other (specific) effect, besides its general action as a gurgative.

M. Valleix has no faith in the internal use of *narcotics* as a means of cure, having never met with a case in which the disease was removed by their employment. As palliatives they are of course extremely valuable, for in a disorder so painful, the most temporary relief is a matter of no little moment. The experience of practitioners in this country is, however, more favorable to this class of remedies, numerous cases being on record, which have been cured by the exhibition of various sedative remedies, especially the *belladonna*. Our author speaks very doubtfully regarding the efficacy of the *sesquioxide of iron*; he does not seem to have employed it himself, and objects to the cases related by other observers, that the treatment has generally been too complex to allow of any decided opinion being formed. Unquestionably this objection applies to the majority of published cases, yet several are on record in which the beneficial effect of the medicine could hardly be called in question. He takes a more favorable view of the celebrated pills of Meglin (composed of hyoscyamus and oxide of zinc, aa gr. j. in each pill), and believes that in many cases when the plan has failed, this event is to be attributed to the smallness of the dose, and the want of perseverance in the administration of the medicine. M. Meglin sometimes gave as many as from thirty-six to forty-eight pills a day without producing any bad effects—a somewhat wholesale mode of treatment!

When the paroxysms are decidedly periodical, the practitioner will do well to make trial either of the *quinine* or *arsenic*; remarkable success has been obtained from both.

We have yet to mention one other internal remedy which has been employed with singular advantage in the treatment of the sciatic form of neuralgia, we mean the *oil of turpentine*. This means of cure has been most successful in the hands of M. Martinet, and though, like all others, it will often fail, it is certainly one that deserves particular attention. Professor Romberg speaks highly of it; he has not observed that feeling of warmth extending from the intestinal canal to the nerves, in successful cases, which is insisted on by M. Martinet. He prefers the form of electuary, composed in the following manner: R. Ol. tereb., 3j.; syrup. aurant. vel. mellis, ʒij. M. A tablespoonful twice a day.

If the taste be disagreeable to the patient, the following formula, recommended by Martinet, may be adopted: R. Ol. tereb., 3j.; magnes. calcin., ʒiiss.; ol. menth., gtt. viii. M. A bolus of the size of a hazel nut to be taken in a wafer (*pain a chanter*), three times a day.

In reference to the employment of external remedies, our notice must be almost entirely confined to one plan of treatment, which in every case where it has been employed by our author has been productive of great alleviation in the symptoms, and which has often succeeded by itself in effecting a cure; we allude to the application of a succession of small blisters over the points in the course of the nerves which are *painful upon pressure*. Many of the instances recorded in the work before us, in which this remedy has rapidly removed the pre-existing symptoms, are

of the most striking nature, and we earnestly recommend their attentive perusal. The plan is not altogether original; Cotugno employed one very similar; but the idea of singling out the particular localities where there is either the constant dull pain, or which are painful upon pressure, is, we believe, to be attributed to M. Valleix alone. He considers this method decidedly preferable to the use of irritating ointments to the denuded surface of the skin, which is often productive of intolerable pain, and has frequently appeared rather to aggravate the symptoms than conduce to a cure. The *endermic* employment of morphia may be attempted with advantage in some cases, but it is a painful remedy. Dr. Basedow has procured much relief from careful bandaging of the affected limb. (Romberg, l. c. p. 70.)

The *actual cautery* has been employed with success, particularly by M. Jobert, but we perfectly agree with our author that it should never be employed until other means, and especially blisters, have been tried and found of no avail. The same remark applies to *section* of the nerve, and the removal of part of its substance, both of which so frequently disappoint the expectation of the practitioner and the hopes of the unfortunate patient. M. Valleix has seldom employed *electricity*, and never with success.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 16, 1842.

ABDOMINO-PELVIC BISECTOR.

THE instrument mentioned below by our correspondent, is better described by the inventor than it could be by ourselves, and we therefore take the liberty of publishing his letter, hoping that the attention of the profession will be directed to its consideration. We invite our medical friends to call and examine the instrument for themselves. The inventor is Dr. H. G. Davis, of Worcester, Mass. The specimen before us is thought to be less perfect than it might be. If any one was willing to incur the expense, it might be very highly finished. There may be more real importance attached to this simple contrivance than would at first be supposed. However, the communication places the matter in the right aspect.

"Its name," says Dr. D., "indicates its object, viz., to separate, as far as practicable, the cavity of the abdomen from that of the pelvis. It is effected at the superior aperture, by a narrow pad pressing in immediately above the pubis. The plan of the instrument I believe is new, at least so far as my knowledge extends; it not only affords immediate relief in bad cases, but puts the parts in a situation to contract readily, and thus effect a speedy cure. I have used it for several months, and in a number of bad cases. It has answered my highest expectations; so much so, that I cannot conceive of any instrument accomplishing the object more perfectly. It acts as a valve to shut off the contents of the abdomen from those of the pelvis. It is not uncomfortable, it will retain its place when properly

applied, without the aid of the strap around the body, and is of easy adjustment and application.

"If the instrument is applied by a physician, to anything like a bad case, the spring should be placed upon the left side, brought up to the hip, and as low down as the pubis, the centre of the pad corresponding with its symphysis; the practitioner (being seated at the time, with the patient standing in front and rather to the right of him) can with his right hand carry up the uterus as high as the vagina will permit, while at the same time with his left, he brings out and down the front pad; he then, with the back of his left hand, can press up the integuments of the abdomen, while he brings the pad back to its place close above the pubis, when both hands may be removed. By raising the integuments, the pad is kept down to the pubis.

"The same directions are applicable should the patient apply the instrument, with the exception, that her position should be such, that gravity will supply the office of the right hand of the practitioner. For this I usually direct them to put it on in the morning before raising the body to an erect position, and after having lain with the hips upon a pillow some half hour or more, then to flex the limbs upon the knees at right angles, and raise the hips as high as possible while applying the instrument. But where there is no objection, it is better to be done by a practitioner the first time, and then the patient will be able to do it understandingly.

"The case which led me to contrive this instrument, was one of rare occurrence, and of great interest to me. It was a laceration of all but the peritoneal coat of the neck of the uterus; it did not unite, but remained ulcerated for four years."

Doings of the Cortland County (N. Y.) Medical Society.—We simply republish, to-day, the late transactions of the Cortland County Medical Society, with a view to making some additional comments hereafter. They are connected, as will be seen, with proceedings which have before been referred to in the Journal.

The annual meeting of the Cortland County Medical Society, was held at Bowen's Tavern in Homer on the 19th January, when the following persons were chosen officers for the ensuing year:

Dr. Miles Goodyear, *President*. Lyman Eldridge, *Vice President*. Geo. W. Bradford, *Secretary*. Phineas H. Burdick, *Treasurer*. M. A. Webster, A. B. Smith, G. W. Maxson, E. H. Barnes, H. Wiggins, *Censors*. F. Hyde, *Librarian*. F. Hyde, *Delegate to the State Medical Society*.

Voted, That the following be added to the by-laws of the Society, viz.: If any member shall institute a prosecution against another member of this Society, for mal-practice, before he shall have submitted the same to an annual meeting of the Society and given thirty days' notice to the accused of his intention, before said accusation shall be made, and shall have obtained a vote of two thirds of the members present, declaring the same to be mal-practice, he shall be expelled from this Society.

The following resolution was presented, discussed, and laid over to the next meeting of the Society, for the reason that the presiding officer, Dr. A. B. Shipman, refused to put the question when the resolution was moved and seconded, and also refused to leave the chair when requested to do so, when it was well known to the Society that there would have been an almost unanimous vote in favor of the resolution.

Resolved, That on review of the facts in relation to the prosecution by Wm. Smith, against Drs. Goodyear & Hyde for mal-practice, we have as yet seen nothing to diminish our confidence in their skill as practical surgeons.

Voted, That the proceedings of this meeting be published in the papers of this County, and in the Philadelphia and Boston Medical Journals.

G. W. BRADFORD, *Sec'y*.

M. GOODYEAR, *Pres't*.

Phrenological Journal.—After a suspension of some months, a No. of the 4th volume of this well-conducted Journal (formerly edited by Dr. Nathan Allen) has appeared. It now comes from New York, instead of Philadelphia, and is edited by Mr. O. S. Fowler, also its proprietor. Since it is the only journal devoted to phrenological science in the United States, it should certainly be well sustained. Mr. Fowler is solely devoted to the interests and progress of the doctrine which he advocates through the instrumentality of this publication. He is earnest, yet always clear, modest and consistent—and impresses his readers with a conviction of the importance of studying for themselves the great truths brought to light by this system of mental philosophy.

By-laws of the Medical Society of the State of New York.—Some one has kindly remembered the Journal with a copy, which it is very convenient to have here in Massachusetts, it being an excellent medical directory of the State of New York, though it must be far more valuable to the members at home. At the annual meeting of the Society, held at the Capitol, February 2d, Drs. C. R. Gilman, of New York, and L. J. Tefft, of Onondaga, were elected permanent—and Dr. Isaac Hays, of Philadelphia, and Dr. J. V. C. Smith, of Boston, honorary members.

Total Abstinence from Food.—Dr. F. A. Bully, Surgeon of the Reading County Jail, Eng., was so thoroughly duped by the impostor Bernard Cavanagh, as to have almost induced the vulgar public, not many months ago, to believe that he lived, and thrived too, without any sort of aliment whatever. However, when the abstinent was sent to prison, as a vagrant, the surgeon instituted a series of critical observations, which finally led to a detection of the imposition. Among other marvels, Cavanagh pretended to secrete no urine. Gruel was placed at the cell-door daily; and to make up in measure for what he drank, he substituted urine. A urinous odor in the vessel put the surgeon on the right track at last, although the prisoner, on the ninth day from his commitment and the fourth in the cell, was greatly reduced in strength.

Candidates for Surgeoncies in the Navy.—Mention has heretofore been made of the fact that there were not medical officers enough in the naval service to supply all the government vessels. It is now said that a board of examining surgeons will convene in April next, to examine candidates for admission into the medical staff. They must send their names to the Secretary of the Navy, at Washington, who will inform them where and when to meet the board. A degree is required, to begin with.

New Publications in England.—A sixth edition of the Elements of Medical Jurisprudence, by J. B. and T. R. Beck, brought down to the present period, including the notes of Drs. Dunlop and Darwall.—Parts II. and III., Cruveilhier's Atlas of the Anatomy of the Human Body, in a small quarto size.—Elements of the General and Minute Anatomy of Man and the Mammalia, by F. Gerber, Prosector of the University of Bern.—Graham's Elements of Chemistry, including the application of the science to the arts—Part VI.—Nature and Treatment of Stomach and Urinary Complaints, by William Prout, M.D., 3d edition, with six engravings.—Practical and Operative Surgery, with 150 wood engravings, by Mr. Liston, 3d edition.—Elements of Natural Philosophy, with 230 wood cuts, by G. Bird, M.D.—Pathology and Diagnosis of Diseases of the Chest, 4th edition, with important new matter and Plates, by C. J. B. Williams, M.D.—A Treatise on the Nature, Causes and Treatment of Erysipelas, by T. Nunneley, of the Leeds Med. School.—A Manual of Practical Midwifery, with wood engravings, by James Reid, M.D.—Prescriber's Pharmacopœia, a small 32mo.—The Anatomist's Vade Mecum, 150 illustrations, by W. J. E. Wilson.—Principles of General and Comparative Physiology, 2d edition, enlarged, with numerous figures on steel and wood, by W. B. Carpenter, M.D.—Muller's Physiology—6th and last part, with numerous engravings on wood and two steel plates, translated by Dr. Baly.—A Treatise on Strictures of the Urethra, &c., 2d edition, much enlarged, by James Arnott, M.D.

Medical Miscellany.—A surgeon in England applied a leech to the nostril of a little child, which crawled in beyond his reach, and at last dates no bad consequences had followed—it being presumed that it had been swallowed.—Much sickness has been suffered at Macao—which was a kind of influenza, that carried off the Chinese as well as Europeans.—One case of yellow fever was reported recently at New Orleans.—A sort of epidemic sore throat is now quite prevalent, the physicians say, in New England.—Dr. Aldis, of London, expresses his regret that a *respirator* society has not been organized upon the plan of the Truss Association—which latter is probably made up of truss-makers.—Intelligence is received of the intention of Mr. George Combe to revisit the United States—not for phrenological purposes, but to regain his health, now much impaired.

TO CORRESPONDENTS.—The communications of Dr. Southworth, and of a "Western Physician," are received.

MARRIED.—In Boston, Dr. John Tooney, of Chelsea, to Miss M. Sanderson.—At Salem, Mass., Benj. Cox, Jr., M.D., to Miss S. A. Daland.—At Salisbury, Conn., Asahel Humphrey, M.D., to Miss Victoria Lyman.—In Baltimore, Lewis Roper, M.D., to Miss Robina Francis.

DIED.—At New York, Wm. Cheyne, M.D.—At St. Armand, L. C., Dr. Calvin May, 76, a native of Massachusetts.—In Warren County, Mobile, Dr. Jones—murdered.

Number of deaths in Boston for the week ending Feb. 12, 44.—Males, 23; Females, 21. Stillborn, 2. Of consumption, 9—debility, 2—old age, 2—lung fever, 7—accidental, 1—rheumatism, 1—scarlet fever, 6—disease of heart, 2—dropsy, 1—smallpox, 1—bronchitis, 1—brain fever, 1—drowned, 2—teething, 1—jaundice, 1—complication of diseases, 1—cancer, 1—inflammation of the bowels, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. Jan.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	9 a.m.	3 p.m.	9 p.m.	9 a.m.	3 p.m.	9 p.m.			
1 Satur.	14	24	28	29.55	29.44	29.40	S W	Cloudy	Beautiful sunrise.
2 Sun.	33	39	37	29.00	28.90	28.91	S W	Cloudy	Aurora borealis.
3 Mon.	6	12	14	29.24	29.33	29.43	N W	Fair	
4 Tues.	16	34	32	29.25	29.10	29.15	S E	Fair	Snow storm commenced at 3 1-2, A. M. ;
5 Wed.	18	20	18	29.54	29.68	29.75	N W	Fair	fall of snow 2 inches.
6 Thur.	-4	20	22	29.94	29.83	29.76	S W	Cloudy	Snow and rain in the night— .36 inch rain.
7 Frid.	40	42	39	28.99	29.04	29.11	S W	Cloudy	
8 Satur.	23	32	34	29.61	29.63	29.60	N W	Cloudy	Snow in the night.
9 Sun.	38	42	38	29.25	29.34	29.52	N	Fair	
10 Mon.	34	36	36	29.70	29.63	29.63	N W	Snow	Fall of snow 1 1-2 inches.
11 Tues.	22	29	31	29.62	29.47	29.38	N W	Cloudy	
12 Wed.	26	32	30	29.17	29.15	29.15	S W	Fair	High wind.
13 Thur.	6	6	8	29.45	29.58	29.64	N W	Fair	Therm. at 9 o'clock, 2°; at 8, 4°.
14 Frid.	10	38	38	29.49	29.13	29.10	S W	Cloudy	High wind.
15 Satur.	32	34	30	29.13	29.14	29.17	W	Fair	Snow squalls. Aurora borealis.
16 Sun.	18	23	29	29.26	29.27	29.28	N W	Fair	
17 Mon.	20	34	36	29.42	29.40	29.36	S W	Cloudy	Beautiful sunset.
18 Tues.	32	50	47	29.44	29.52	29.52	S W	Fair	
19 Wed.	36	54	52	29.47	29.40	29.39	S W	Fair	
20 Thur.	37	54	50	29.32	29.25	29.23	S	Fair	Halo around the moon.
21 Frid.	48	48	36	28.89	28.68	28.70	S W	Rain	Snow in the night—barom. 28.62.
22 Satur.	24	29	24	29.10	29.16	29.23	W	Fair	Beautiful sunset.
23 Sun.	9	13	16	29.64	29.73	29.75	N W	Fair	
24 Mon.	0	18	19	29.93	29.92	29.89	N W	Fair	
25 Tues.	20	36	34	29.55	29.40	29.34	N W	Fair	Halo around the moon.
26 Wed.	26	43	40	29.26	29.19	29.14	S W	Fair	Beautiful sunset.
27 Thur.	31	30	27	28.85	29.08	29.27	S W	Fair	Snow squalls and high wind.
28 Frid.	20	32	32	29.73	29.65	29.60	N W	Fair	Snow in the night.
29 Satur.	42	50	48	29.32	29.25	29.25	S W	Fair	Rain in the night.
30 Sun.	42	46	43	28.99	29.10	29.21	S W	Fair	High wind.
31 Mon.	34	47	49	29.35	29.09	29.02	S	Rain	Snow commenced at 1-2 past 1.

The month has been unusually mild and pleasant; very little rain has fallen, and scarcely any snow. The thermometer has ranged from 4° below zero to 54° above—range 58°; average of extremes, 29°. Barometer ranged from 28.62 to 29.93. The amount of snow not exceeding 5 inches; water, 1.35 inches. The month closed with a severe storm, with south wind, quite warm.

VERMONT MEDICAL COLLEGE AT WOODSTOCK.

The next annual course of Lectures at this Institution will commence on the second Thursday of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by HENRY H. CHILDS, M.D.

Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Chemistry and Botany, by JOSEPH E. CLARKE, M.D.

Demonstrator of Anatomy, ORMON L. HUNTLEY, M.D.

Fees for the course, \$50. For those who have attended two full courses of lectures at a regular institution, \$10. Graduation fee, \$18. No matriculation fee is charged. Board, including room, fuel, lights, and washing, may be obtained in good families at from \$1.50 to \$2.50 per week.

Woodstock, January 1st, 1842.

Jan. 5.—3m

NORMAN WILLIAMS, Secretary.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Jy 28—copy

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, FEBRUARY 23, 1842.

No. 3.

MEDICAL FALLACIES.

EXTRACTS FROM AN UNPUBLISHED WORK ON MEDICAL LOGIC, BY A WESTERN
PHYSICIAN.

[Communicated for the Boston Medical and Surgical Journal.]

NOTE.—The author, from a sincere conviction that the present rage for theory, and system founded upon hypothesis, required the restraining influence of observation and reason, has been anxiously looking to the acknowledged authorities of the profession for a guide-book—one designed to direct the mind to the proper method of investigating truth—a light shining in a dark place—a law and rule to govern and measure with precision every possible system of medicine. Such a production he has not yet found; and it is believed that, with the single exception of Sir Gilbert Blane's Treatise, styled "Elements of Medical Logic," which is almost extinct, no work of the kind has ever issued from the English or American press. * * * *

Several departments of natural science have been fixed upon certain principles which cannot be altered—upon bases which are immovable. The prevailing facts and doctrines of astronomy, in all human probability, will abide without alteration to the end of time, for they are founded upon truth—upon unalterable *law*. Cuvier's classification of the animal kingdom has rendered zoology a perfect science—has imparted to it *system* and *certainty*; and the *Norma Verticalis* of Blumenbach, aided by the rule of Owen, is a great key in making physical researches touching mankind, without which anthropology would be devoid of any system. The same observation is applicable to philological researches. The many thousand languages of the world, by the indefatigable labors of Leibnitz, Klaproth, Abel Rémusat, and others, have all been arranged in a few families, and referred, upon philosophical principles, to one original language; and the mysterious hieroglyphics of Egypt have been so completely unravelled by the mighty mind of Champollion, that hereafter no complete inscription can be found that cannot be read according to the *system* which he has established.

We ask now, is there any universally acknowledged standard to which the labors of medical men can be brought, and by which they can be valued? Have we any agents by which the qualities of a theory can be tested? Have we any *Norma Medicalis*? We answer, unhesitatingly, we have not. True, we have the elements—but they are not *combined*—they are either scattered, or else *mixed* in such a disproportionate manner as to form rather a strange *compound*. * * *

For two years past, the author has been contemplating a work of this kind. He does not flatter himself with the idea that it will accomplish the great end which he so ardently desires—the *fixedness and certainty of medicine*; but he hopes that it may call forth the talent of those who are better able than himself to do justice to such an undertaking. In the preparation of the work access has been had to a number of popular works on logic, but use has been made chiefly of the excellent “*Elements of Logic*,” by Archbishop Whately; and it will be found upon comparison that many definitions, &c., are taken with little alteration from that work.

EXTRACT FROM THE PREFACE.

Definition.—A fallacy is an unsound mode of arguing, bearing resemblance to sound argument, which appears to demand our conviction, and to be decisive of the question in hand, when in fairness it is not. All fallacies may be reduced to two general classes, *logical* and *non-logical*.

A *logical* fallacy is one in which the premises are correct, and the reasoning wrong. An *illogical* fallacy, one in which the premises are wrong, and the reasoning and conclusion either correct or incorrect.

Both classes are discoverable in many of our systems of medicine, and it is highly important that the physician, and especially the young student of medicine, should be able to detect the ingenious sophistry which is so often presented to their minds as sound argument. This, it must be acknowledged, is often a difficult task, for the skilful sophist has the art of dressing up an unsound argument in such beautiful and attractive apparel that even the close observer is sometimes deceived by appearances. And here we cannot deny ourselves the privilege of borrowing a few remarks upon this subject from the excellent treatise of Whately. Speaking of the importance of detecting fallacies (*Elements of Logic*, p. 156), he says, “It seems, by most persons, to be taken for granted that a fallacy is to be dreaded merely as a weapon fashioned and wielded by a skilful sophist; or if they allow that a man may, with honest intention, slide into one unconsciously, in the heat of argument, still they seem to suppose that where there is no dispute, there is no cause to dread fallacy; whereas there is much danger, even in what may be called *solitary reasoning*, of sliding unawares into some fallacy, by which one may be so far deceived as even to act upon the conclusion thus obtained. By *solitary reasoning* I mean the case in which one is not seeking for argument to prove a given question, but laboring to elicit from one’s previous knowledge *some useful inference*.”

Fallacy is often difficult of detection.—“Fallacy will be the more likely to obtain reception, the more it is obscured and disguised by obliquity and complexity of expression; it is thus that it is the most likely either to slip accidentally from the careless reasoner, or to be brought forward deliberately by the sophist. Not that he ever wishes this obscurity and complexity to be perceived: on the contrary, it is for his purpose that the expression should *appear* as clear and simple as possible, while in reality it is the most tangled net he can contrive. The sophist suppresses what is *not* obvious, and uses every other contrivance to withdraw our attention from the quarter where the fallacy lies.

It is important that a fallacy should be opposed and refuted.—An unsound argument, when once detected, should never go unnoticed. It must be exposed and destroyed, or the cause of truth will suffer. “An unsound principle which has been employed to establish some mischievously false conclusion, does not at once become harmless, and too insignificant to be worth refuting, as soon as that conclusion is given up, and the false principle is no longer employed for that particular use. It may equally well lead to some *other* no less mischievous result.”

CLASS I.
Logical fallacies—
the conclusion not
following from the
premises.

ORDER I.
Purely logical.

- Genus 1. Undistributed middle.
 " 2. Illicit process.
 " 3. Negative premises.
 " 4. Fallacy of more than three terms.

ORDER II.
Semi-logical.

{ A single genus (Ambiguity of middle term),
 } having two species, viz. :—

and II. CONTEXTUAL.

Var. 1. Misapplication of an ambiguous word.
2. Placing cause for effect, and vice versa.

Var. 1. Fallacy of division and composition.
2. Fallacia accidentalis, &c.

Non-logical fallacies—the conclusion following from the premises.

ORDER I.
Premises undu
sumed.

Genus 1. Petitio principii.

“ 2. False premises.

ORDER II
Irrelevant co
sion. Ignor
elenchi.

(Genus 1. Fallacy of objections.

“ 2. Fallacy of shifting ground.

“ 3. Using complex and general terms.

4. Mistaking coincidence for causation.

Species 1. Reasoning in a circle.
Species 2. Assuming in proof, a proposition similar to the original question.

The foregoing table is taken from Whately—improved by the division into classes, orders, genera, species and varieties, and the addition of one very common kind of fallacy—the last one in the table—“*mistaking coincidence for causation.*”

We shall now define these several fallacies, and then proceed to submit several theories to the test thus established.

[To be continued.]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Permit me in the next place to call the attention of your readers to the **MEDICAL LECTURES** of Philadelphia. To every physi-

cian who visits that city, these lectures cannot fail to be a matter of commanding interest. Every chair was filled during my residence there, and the professors in each of the three schools seemed, to aught that met the eye of a stranger, to be quite harmonious. After a most careful scrutiny and watching for the developments of character in my brethren who are thrown into the very rare position of three collateral faculties, almost within stone-throw of each other, appealing to the same public, commencing the same probationary exhibition of themselves in their introductions, on the same week, to hundreds of candidates who have not yet decided which faculty to patronize, depending on the impression they make on the young gentlemen what success each school is to share; under the excitement of all these caustic stimuli, I must say that, in the mass of these professors, I admired the magnanimity of their emulation. I said—"depending on the impression they make." I do not intimate that the impression from an introductory is final or omnipotent. The reputation of the Colleges and of their respective diplomas, has unquestionably more influence than the introductory lectures. But how long would the reputation of either faculty be predominant if its members should become remiss and repose on the laurels they have already acquired?

In judging thus favorably of Philadelphia competition, I do not profess to go behind the curtains. I purposely ground my remarks on what comes up to the eye of a stranger. Yet I strongly believe that, had there been much dishonorable juggling, trickery and finesse, in inveigling students from abroad to this office or that—to this or the other institution—it would have been apparent to the eye even of a stranger, who was admitted with the same freedom to their offices. I saw no such appearance. The style of the lectures, too, was generally of the right stamp. There was manifest, occasionally, an over attention to the turn of a period, to the polishing of a sentence, and to the introduction of sparkling thoughts. In one or two introductions, I thought there was something slightly theatrical in the manner of delivery. When we consider that, at each of the introductions, there are always enough auditors present, who have decided to belong to the same school with the speaker, stoutly to applaud by stamping with their canes, it is greatly to the credit of the lecturers that they so uniformly prefer the solid, useful and instructive, to the brilliant and far-fetched.

The introductory of Professor McLean, of the Jefferson College, was a thing wholly unique, and defied all classification. He appeared at his appointed hour in the amphitheatre, pale, emaciated and tremulous, from several weeks' severe prostration from malaria, encountered in his professional engagements on the banks of the Schuylkill. The lecture was in manuscript, as I believe were all the introductions. It was his first from the chair of a college. He first pointed to his auditory the faculty of the old college, many years ago, during his medical pupilage. The person, costume, manner and mode of lecturing of each professor was described so minutely that the various portraits were left with great distinctness on the memory. The large and attentive audiences of former days were depicted, and the deep silence and veneration of the pupils brought before us in glowing colors. In reverting to himself and to his own class, he

compared the acquisition of medical skill to the pursuit of the diamond. A thousand blows and many prolonged toils are required to break up the quarry; but when the gem was won and fairly placed on the brow, its distinguishing lustre could not be concealed nor obscured. So the deep-laid foundations of medical skill would be visible in a man's daily performances. As his chair was that of Midwifery, he illustrated the want of this diamond—genuine preparedness for the various emergencies of the practice—by introducing the young physician to his first important obstetrical case. He described minutely the young lady, her family, education, marriage, and her elegant mansion and apartments when settled in life and awaiting her confinement. He took his auditors into her private apartment and showed them what no man, not even her husband, had really seen, her drawer, her preparations, her dresses, &c., prepared for the little stranger. At length the nurse and doctor arrive, and the patient is examined. "All well." After some hours the face of the patient becomes flushed, the complaints are more urgent, the hand is frequently pressed on the head, and the usual expression, "I shall die," is heard. All these things appear common to the medical man. "But," said the lecturer, "did you hear her say 'my head aches'?" "No, you did not hear her say 'my head aches.'" From not observing this small circumstance, puerperal convulsions follow, and death closes the first important case of the young candidate for popular honors and employment, not wearing on his person the aforesaid diamond of professional skill. The description of this scene was so graphic that, though most of it was perfectly common, I cannot resist inserting this very lame representation, although at so great a distance of time. I do not know that Dr. M. will ever again attempt this graphic method. It certainly would not bear it frequently. Yet I do not believe that any of the introductions were heard with more deep abstraction than this. Towards the conclusion, he told the young men he would give them a secret. "Make yourselves useful, make yourselves necessary by the undisputed benefit of your services, and you may dismiss your fears about employment in any business." From the *irruption* of quotations from ancient and modern languages, it was evident that in the midst of a pressing business in the city, he contrived to preserve an intimacy with his silent companions on the shelves of his study.

There was one more lecture among the introductions, of a very different character, but equally *sui generis*, and more surprising. It was the very lecture, a part of which you have already re-printed in your Journal. Dr. Gibson's Introductory evinced a head that could plan and execute, and a heart that had the courage to ordain laws for himself. The common conventionality of authors and lecturers were as cyphers in his estimation. He proposed for his subject his own autobiography, not only without acknowledging anything improper or unusual, but with the declaration that if a man did not publish his own merits nobody else would do it for him. He began with his early life, and conducted us to the day and hour of the lecture. It was an interesting biography, particularly to a medical class: and had it been told by another, it would have been heard with unmingled pleasure and admiration. During its

progress, I made many efforts to divest myself of all former notions of propriety, and to make myself believe that the man who had achieved such things in the surgical and medical world, and who evinced such undeniable proofs of genius, had not misjudged in striking out a new course for himself in interesting and instructing his class; and, although I have recurred many times in my recollections to the mingled emotions of amazement and applause which I experienced while hearing that lecture, I am still undecided whether Professor Gibson, in addressing six or eight hundred young men, many from the South and West (himself being a Baltimorean), did not gain as much by his unparalleled boldness and adroitness as he lost by his egregious aberration from the rules of modesty. I am sure Professor Gibson would not be offended should this sheet ever meet his eyes, because there was no concealment about his lecture. Its scope was explicit, avowed, without apology; nay, has been submitted to the public, I know not with what modifications by means of the press. He closed his lecture by a labored and most ingenious representation of the advantages of the venerable Institution in which he occupied the chair of surgery.

I purposely limit my specification of the lectures at the Colleges to these two. It would be very agreeable to enlarge on the varied excellences of these annual introductory; but it would be taking liberties with your pages entirely inadmissible.

I shall trouble your readers with only one more topic, and that is **CLINICAL LECTURES**. In this particular, Philadelphia certainly stands pre-eminent. I know from personal inspections, often repeated, that the New York Hospital has many advantages for clinical lectures. The Boston Hospital, too, from its excellent arrangements many years ago, I must suppose to have kept on in the march of improvement. But the Blockley Almshouse, on the west side of the Schuylkill, contains a pauper population of from two to four thousand; and among these, I was repeatedly told that four hundred patients is a low number, exclusive of the maniacs. Imagine all these to be lodged in one range of buildings, on moveable beds; and on the same floor with these wards, and in a central position, a very large amphitheatre constructed with every contiguous convenience for operations and exhibitions, into the centre of which the patients can be brought with perfect ease on their beds. Suppose, moreover, that the whole of these patients are divided between the University and Jefferson College, each of which Institutions has its own resident and consulting physicians and surgeons; and that these men, half on Wednesday and half on Saturday, select from their respective wards such groups of diseases as are most interesting, and exhibit them to their classes with the accompanying prescriptions and operations. Can such an arrangement fail to be useful? I have occasionally mingled in the groups of a clinical lecture, standing among the beds of the patients in a hospital. This is well when the circle of pupils is small. But at the Blockley, by means of the amphitheatre and the black-board, two hundred can share very well the advantages of a clinical lecture. While sitting in their seats, after the patients are carried out, the specimens of morbid anatomy, the result of recent dissections, are passed round to the

students, who can examine them thoroughly without the hindrance of the dissection, and contrast them with what they previously saw and heard of the disease. At each session about three hours are spent ; one half devoted to the surgical and one half to the medical clinique. The respective institutions are not confined to their own public lecturers in selecting a man for the clinical chair. At the time of my visit Dr. Gerhard was giving the medical clinique in the chair of the University or old school, at the Blockley Hospital, which post entitles him to the superintendence, as a consulting physician, of one half of all the medical cases in the institution. This appointment was no leap in the dark. I cannot resist saying that I have never seen a physician who, I should fancy, would more resemble Dupuytren, in his habit of investigation, than this same Dr. Gerhard. I should imagine he had long taken up his abode in the hospitals of Europe. Like many of the medical aspirants of Philadelphia, he has served his time among foreign hospitals, and, I believe, by the side of Dupuytren. Slender and erect in his person, with a keen eye, and a face undoubtedly made thin by the midnight lamp, he assembles his group of patients in the middle of the theatre, with his auditors on seats rising around him, gives a clear and succinct description of the disease, enters most fully into its pathology, and with a familiarity and comprehensiveness that would surprise many a veteran practitioner who listened for the first time to a clinical lecture, comes up boldly to the diagnosis, specifying the seat and extent of the lesion, and clearly distinguishing it from its counterfeits ; evinces no reserve nor dodging while on the prognosis, and discusses the *methodus curandi* on a basis evidently eclectic and rational, and drawn from prolonged and accurate observations of the multifarious plans in Europe and America. Bating a slight bearing which I thought was apparent towards the expectant method of the French, the therapeutics of Dr. G. appeared to be such as our best practitioners in Boston, New York and Philadelphia would approve. So compressed and rapid are his statements and reasonings, that you have no chance for idling, but are dragged on, on to the end ; and you then feel that there is much that the young gentlemen must inevitably lose from their want of previous clinical experience and practical acquaintance with the subjects discussed.

From attending a single clinical lecture of Dr. Pancoast, from the Jefferson College, I think he may be set down as the opposite of Dr. Gerhard. Dr. P. is prolonged, exact, particular ; and seems resolved that his pupils shall never forget the facts of the disease in question, and the steps of his operations. These lecturers are both good, but yet very different in method.

Of Dr. Gibson, the collaborator of Dr. Gerhard, I have already spoken. Surgery is his passion, I am told, and he is quite at home and unembarrassed before the class. I incidentally learned that some of his pupils were offended and indignant at some of his moral allusions and intimations respecting their own tastes and habits while lecturing on the venereal disease. As I entered the room after the lecture commenced, I did not hear the offensive expression ; and from Dr. Gibson's high and commanding qualities, both as an operator and lecturer, I will not believe that he would

mar those shining talents by the exhibition of the underworkings of an impure heart. In a medical man it is bad enough, in all conscience, to be sure that you discover in him the turbid workings of internal defilement. But when a man of solid talents and high acquirements is understood to discover a relish for obscenity, and a desire to inflame rather than repress the head-strong promptings of young men, removed from the restraints of mothers, sisters and acquaintances, and thrown loose upon the purlieus of a wide city, it becomes us to pronounce the whole a mistake. How improbable that Dr. Gibson, in Physick's own chair, obtained by dint of his own merit, and retained by general consent, and feeling a strong desire for the honorable career of his pupils, should so far mistake his policy and his duty in lecturing to the north and south, east and west, as to allow one breath of suspicion to fall upon the purity of his taste or the integrity of his intentions.

As I have named three of these lecturers in the Blockley Hospital, permit me to introduce for one moment the only remaining one, Dr. Dunglison, of the Jefferson Medical College. There can be no mistake in saying of Dr. Dunglison's medical pursuits, he is "*totus in illis*." In addition to his private pupils and private practice, he promptly fulfils his hour four times a week in the College, and has the supervision of half the Blockley Hospital, besides his weekly lecture there. These, with the common *et ceteras* of a city life, would keep a man tolerably busy. But, in addition to this, he writes more books, as your readers well know, than any monk with the world shut out could originate; books, too, that the medical world demand to be re-printed again and again. "*Labor, ipse voluntas*." It is evident, Mr. Editor, that while the rest of us are asleep, this man is wide awake at his nocturnal labors; and yet he has the personal appearance of a well-fed, easy, plump, care-shunning body. Professor Dunglison's lectures are delivered with rapidity and clearness of enunciation, and I need hardly say they are rich and instructive.

It should be said, that, in addition to the Philadelphia Hospital, over the Schuylkill, just described, the original Pennsylvania Hospital yet remains in its excellence in the very heart of the city. So silent and clean and airy are its apartments, so urbane the officers and medical attendants, that I often felt constrained to loiter and seek retirement in the deep seclusion of its walls. Indeed, had I been taken sick in the city, I am almost certain I should have applied for one of its private apartments. It is scarcely possible for a public house to afford you equal comforts. The establishment occupies a whole square, and it is as still as a lodge in the wilderness. A change of medical officers occurred during my visits, and in addition to the requisite medical skill, these gentlemen, one and all, resident and consulting, manifested to me the most uniform kindness and urbanity. Capt. Marryatt and other Europeans have denominated the Blockley establishment the "*beggar's palace*," and none who have seen it can deny the propriety of the cognomen. But this old Hospital, with Penn's statue in bronze in the front yard, its tall ceilings, wide halls, ample library and apparatus, and all things so quiet and dignified, and even sylvan, is fit to be called the nobleman's nursery. Although the wards are not now very full, the mass having been consigned to Blockley,

yet even now there is an interesting field for pathological research and observation. The same mode of visits and lectures exists here as at Blockley, this institution being the prototype; excepting that the clinical lectures are delivered here by the bed-side.

Besides these two great institutions already described, there are I know not how many private institutions, dispensaries and specialties. I visited several, and found them coöperating in the great business of medicine. In short, the business of teaching and lecturing seems to be the favorite employment of the profession. There may be twice as many out of the three Colleges giving lectures and instruction as within them. Some may do this simply for its emoluments, or from attachment to the business. Yet there are three rows of professional chairs in plain sight, any one of which would be a post of honor to the younger members of the profession. In this way the Colleges, although they are not limited to Philadelphia, have a corps of candidates under their daily observation.

We see, then, that the foundations of medical science are deeply laid in this city, that its fame and emoluments are eagerly sought by men of commanding powers, and that their rewards are of no stinted character. For many years medicine must, in the nature of things, stand prominent in the City of Brotherly Love. She has disciples who toil over the midnight lamp through the love of their calling and a desire to see it exalted: from many such I have received, and beg to acknowledge, the cordial welcome and the liberal interchange of professional opinion; and I ask permission, in conclusion, to say that, could many of my readers, who have been absent from schools and lectures many years, spend two or three weeks—nay, a winter—in a medical pilgrimage to Philadelphia or other of our flourishing schools where clinical lectures could be attended, they would in my opinion find the sacrifice greatly to enhance their future respectability and usefulness.

M. L. NORTH.

Saratoga, January 29, 1842.

RUPTURE OF THE RECTO-VAGINAL WALL.

[Communicated for the Boston Medical and Surgical Journal.]

A RESPECTABLE Irish woman, in February last, had a recto-vaginal opening produced by the long-continued pressure of the head of the child in parturition. The account given me of the case was, that she lay in severe labor five days, when the physician in attendance was finally favored with the advice and assistance of an experienced physician and accoucheur (George Landon, M.D.), of this city, who determined on the use of the forceps; but on applying them (the common short forceps), he found that the head was so much tumefied that the instrument could not embrace it so as to afford much assistance. However, by the use of ergot and what manual aid could be rendered, she was at length delivered of a dead child. On the ninth day after delivery, it was announced that the fæces passed *per vaginam*. An examination by her physician being made, an opening was found between the rectum and vagina, as large as a half dollar, which he very properly attributed to sloughing produced

by the protracted pressure of the head of the child. In this perplexing case, the physician then called on me, and wished to know what course of treatment I should pursue in like circumstances. I frankly told him that I should unite the parts by suture if possible, as the most probable means of effecting the union. He declared it impossible, and I then heard no more of the case until the expiration of three weeks after her delivery, when I was called on to visit her. She being abandoned by her physician, I was requested to take charge of her case. I found that a sponge had been introduced into the opening, and an attempt made to confine it, by passing a string through it, one end of which passed out through the rectum, and the other at the vagina, and tied centrally over the perineum. This I supposed was introduced to prevent the passage of the fæces through the fissure. But this produced much pain; and failing in its objects, and operating prejudicially by preventing the union of the sides of the orifice, I removed it. The lower angle of the opening was about two inches above the verge of the anus. The vaginal discharges were profuse and offensive; and when united with fæces, as was generally the case, they were offensive in the extreme. The patient, in this miserable condition, demanded the best-directed efforts for her cure, if such cure was practicable; for to linger out a life in such a loathsome condition, would be more horrid than death itself.

Accordingly I left her a syringe and a mild lotion to cleanse the parts for a day or two, as well as to give me a little time to devise ways and means for applying the suture. On a little reflection I thought of a plan which I proposed to try. I took a short, though large, tailor's needle, armed with a waxed ligature. I then prepared a tube four inches long, of sufficient calibre to receive the needle and ligature by its side. A wire of the same length, and of a size to fill the tube, having a button on the end, completed the apparatus. In operating, the patient was placed on a bed upon her back, with her head raised a little, having her feet resting on chairs standing by the side of the bed. I seated myself before her, and then inserted the needle, eye downwards, into the tube, till the point was within the tube. I next inserted the wire from the other end of the tube until it met the needle, the ligature hanging from the point of the tube. The tube thus armed, held between the index and second finger of the right hand, with the thumb on the button of the wire, was introduced into the rectum until it met the forefinger of my left hand previously inserted into the vagina and through the opening. The point of the tube being slipped about half an inch from the edge of the fissure, against the inner side of the rectum, the finger of the left hand resting against the vagina opposite the point of the tube, with one effort of the thumb the needle was thrust through the rectum and vagina against my finger; with which the needle was directed downwards towards the vulva, resting in the vagina. The tube was then withdrawn, and the needle withdrawn through the vagina by being caught in a pair of dressing forceps. That end of the ligature which yet hung out of the rectum was then passed through another needle, and, with the use of the tube and wire, conveyed through the opposite side of the fissure, and brought through and out of the vagina as before. Both ends of the ligature now

hanging out of the vagina, including a portion of each edge of the opening, the operation was finished by tying the ligature, being easily tightened with the finger in vagina. In this way I inserted two interrupted sutures, which perfectly closed the opening. One portion of each ligature was cut off high up in the vagina, and the other left even with the vulva.

The ligatures came away in three weeks, leaving an opening scarcely admitting my finger. The edge of the orifice was now very thick and hard. Succeeding so well, I was encouraged to make another effort; and in the presence of my friend, W. M. Smith, M.D., late professor at Willoughby Medical College, Ohio, I pared the edge of the orifice with a curved probe-pointed bistoury introduced through the rectum (having all but three fourths of an inch of its cutting edge covered with oiled-silk cloth), and then brought the sides of the opening well together with one deep stitch as before. Very soon after the insertion of the last stitch, a large hæmorrhoidal tumor appeared externally, which gave her much pain. Did the obstruction of vessels by the ligature produce this? The ligature remained two months and came away, when the patient informed me that she was cured. She has repeatedly told me since that she was free from the disease, and she attends to her business as before.

It is perhaps worthy of remark, that this case presents considerations of interest to patients as well as to the profession. To the former it shows that although their diseases are apparently hopeless, yet by patient perseverance they may not be irremediable. To physicians it teaches the danger of so long trusting such cases to nature, when her efforts are so ineffective and slow in accomplishing her ends; and also the importance of the most persevering industry in curing diseases which, if left uncured, render their victims through life loathsome to themselves and revolting to their friends.

T. SOUTHWORTH.

Monroe, Mich., Jan. 26, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, FEBRUARY 23, 1842.

RAYMOND'S FRACTURE APPARATUS.

ON two former occasions, we have endeavored to enlist the interest of surgeons in favor of Mr. Raymond's ingenious invention for the management of fractured limbs. It is gratifying to learn that some of the leading practitioners in western New York are testing its value. Dr. March, of Albany, is also making a trial of it. In the meanwhile we venture to publish a well-written letter upon the subject of the invention, from one who seems to understand precisely what the instrument is and what it should accomplish. The writer is Thomas Goodsell, M.D., of Utica, N.Y. Some of the improvements suggested by Dr. G. have been made, and others are in progress at the suggestion of competent judges, which are destined to enhance the already excellent properties of the machine.

"The modification and maintenance of position of the limb is important

to the speedy and perfect re-union of the fractured extremities of the bone: also the facility and safety with which the desired changes are effected is no small item of relief to the patient, and convenience to the surgeon. So far as flexion or extension of the knee is concerned, your running slides are exceedingly appropriate, whilst the general structure of the instrument is admirably adapted to assist the operator in carrying out his intentions as to the relative position of the fractured fragments, the proper length and natural direction of the limb, *which* during the curative process is well protected from superincumbent pressure, and also from injury from surrounding agents and ordinary casualties.

"The belt around the pelvis, rendered secure from rising by straps supported by the tuberosities of the ischia, provides a sure fixed point for counter-extension, and for the reception of the head of the external extending splint.

"The inguinal crutch upon the upper extremity of the internal splint, I apprehend, is objectionable; by its coming in contact, as it necessarily does, with important organs, and resting upon parts easily excoriated. Permit me, therefore, to recommend the substitution of an India-rubber cushion; adapted to, and by a deer-skin envelope made fast upon a curved spring plate, fixed upon the end of the splint; and further, I consider your mode of extension as being rational, simple and efficient, but susceptible of an important improvement, which I will suggest.

"As the necessity for extension is to counteract muscular contraction, which power seems to resist forcibly, even when a greater power than its own is *suddenly* applied, and yet yields kindly to a more preponderating one applied chronically and continually operative; therefore let a spiral spring of one quarter of an inch in diameter be embraced between two transverse metallic plates of half an inch in diameter, through the centre of each plate a hole to admit an unthreaded portion of the extending screws made somewhat less than the threaded portion, so that when run down for the purpose of extension it shall compress the spiral spring, and hence an undefined and elastic antagonizing power is created, and perpetually applied with preponderating force to that exerted by the muscles.

"With these alterations, I consider your apparatus competent to fulfil all the indications incident to that class of fractures for which it was got up. Besides several things new and important, it possesses all that is valuable in effect which appertains to every kindred instrument which I have used or seen for the purpose, from Dessault downward, and I would recommend it to the adoption of private practitioners, and to those engaged in our public hospitals."

Liston's Practical Surgery.—A second American edition of this able system, by one of the best living surgical operators, made its appearance last week from the correct press of Messrs Thomas, Cowperthwaite & Co., Philadelphia, with additional notes and illustrations by Geo. W. Norris, M.D., one of the surgeons to the Pennsylvania Hospital. As a whole—paper, type and finish, to say nothing of the character of the matter—it is much like a thoroughly-made English book. A further value is imparted to this revised edition, by the introduction of one hundred and fifty wood engravings. The editor remarks in the preface, in regard to his own labors, which are engrafted on those of the author, now of universal renown, that he has restricted himself to adding a few brief notices

of the manner in which some of the more common surgical affections are treated with us, at the same time that he has called the attention to certain points which have been passed over lightly by Mr. Liston. Although Dr. Norris speaks very modestly of his own specific efforts to enhance the value of this excellent guide in surgical practice, we entertain the idea that he has really laid the younger surgeons under peculiar obligations for the manner in which he has made obscure points plain, and coupled the principles of American, with those of the best school of British surgery.

Our admiration is excited by the rapidity with which medical works of all classes and descriptions emanate from the different publishing houses in Philadelphia; they monopolize the manufacture of this class of writings—and we are glad that it is so, since they are so enterprising, judicious in selection, and faithful in mechanical execution. The new volume, to which these observations especially refer, may be procured at Messrs. Little & Brown's, Washington street, Boston—and so reasonable in price that every student can afford to own a copy.

Dr. Paine's Materia Medica.—One of the advantages of having this convenient little treatise always lying on the table, is, that a bird's-eye view is given in it of all the principal articles of the materia medica, in the fewest words, and in the real order of their medicinal value. This is the essential improvement which the author has made, and it makes the work a better book of ready reference than the more bulky ones, familiar to us all, on the same subjects. To understand what is meant by *the order of their value*, emetics, for example, are grouped together thus:—1st, ipecacuanha; 2d, tartarized antimony; 3d, sulphate of zinc—sulph. copper; 4th, squills—bloodroot; 5th, thoroughwort, &c. Ipecac. holds the first rank—in other words, it is the best of all the emetics used; tartarized antimony is the next best, and so on through the whole legitimate catalogue. Then follow the doses, both for adults and children, with excellent practical observations, of invaluable service to young physicians, and by no means of doubtful utility to old ones. In this summary way, we have endeavored to convey an idea of Dr. Paine's new book, without being tedious—all the while perfectly conscious that he has a claim to a far more extended notice than has yet been given by this or any of our neighbor journalists. Those who have happened to look into our copy, have uniformly remarked, "what a useful companion this must be." It is on sale at Ticknor's, Washington street.

Young Mother's Medical Guide.—Our old friend Dr. Alcott, who will certainly die when he cannot labor in the field of knowledge, is preparing a small work with the above title, that may soon be expected. He very judiciously explains to mothers how far they can safely dispense with regular medical advice—and under what circumstances they cannot. Notwithstanding some of the author's radicalism on the subject of dietetics, about which we differ in good temper, he is a worthy, excellent man, for whose character and motives we entertain the most perfect respect.

Homœopathic Imposition.—In one of the daily papers there is an advertisement by a homœopathic practitioner in Boston, which is looked upon

the *ne plus ultra* of quackery. For the credit of the true and honest practitioners of that system of medicine, this advertisement demands their speedy attention, if they have any anxiety in regard to being the supposed associates of one who manifestly is determined to get his bread in exchange for brass. The doctor says: "Being reluctant to have his name remain long in print, he will discontinue this advertisement after a few insertions"! Modest man! how such delicacy is to be appreciated in this age of bombast and self-esteem. "*New Homœopathic abdominal tonic, superseding the abdominal supporter,—cordially approved by ladies of the most distinguished families in Boston and vicinity.*" Dr. C.'s new homœopathic female medicines are daily and almost hourly called for by married and unmarried ladies of the same *intelligent class of society*"! We recognize gentlemen of the purest motives, and highly educated, who are heartily devoted to the doctrines of homœopathy, because they honestly and sincerely believe that it is the true mode of relieving the sick; and if they would have a discerning community think as well of them as we do, they are bound to discountenance such arrant quackery as this, or ultimately be identified with the same disreputable cause.

New Medical Works in London.—Physiology for the Public, by G. T. Hayden, Nos. 1 and 2.—Pharmaceutical Transactions.—Researches into the Causes, Nature and Treatment of the more prevalent Diseases of India, and of Warm Climates, 2d edition, by James Annesley, President of the Medical Board of Madras.—On Rheumatism, in its various forms, and on the Affections of the Internal Organs, more especially the Heart and Brain, &c., by R. McLeod, M.D.—Elements of Materia Medica and Pharmacy, by O'Brien Bellingham, M.D.—Diseases of the Heart, 2d edition.—Diseases of the Lungs, a tabular view, 2d edition, by O. Bellingham, M.D.—A Treatise on Dislocations, with 125 engravings on wood, by Sir A. Cooper, edited by Bransby Cooper.—The Natural Order of Diseases, a new synopsis, by R. Stevens.—The Philosophy of Mystery, by W. C. Dendy.—Practical Remarks on the Diseases of the Skin, on the external signs of Disorder, &c., during infancy and childhood, by the same author.—A Treatise on Diseases of the Eye, 2d edition, revised and enlarged, by W. Lawrence.—A Practical Treatise on Auscultation, by M. M. Barth.—Practical Essays, by Sir Charles Bell.—Elements of General Pathology, by John Fletcher, M. D.

On the Treatment of Old Fractures by Division of the Tendons. By Dr. DIEFFENBACH.—Dieffenbach has several times, in old cases of fracture of the patella or the olecranon, where the portions were dragged far apart, divided the adjacent tendons so as to be able to bring the portions together and, by friction of them one upon the other, to excite such action as might end in the formation of a shorter and firmer bond of union. In some cases considerable benefit was obtained after all other means had failed; in others the result was negative. Two examples are detailed; in one, an old ununited fracture of the ulna, he divided the tendon of the triceps, fixed the upper portion of the bone in its right place by a bandage, and every fourteen days rubbed it well against the lower one: in three months the union was firm. In another example, an old distantly united fracture of the patella, he divided the ligamentum patellæ and the rectus femoris about

three inches above the patella ; then, by an appropriate bandage and constantly drawing the separated portions more closely together, he obtained at the end of some months a complete hardening of the interposed substance, and a considerable amelioration of the patient's state.—*Brit. and Foreign Med. Review, from Casper's Wochenschrift.*

Cure of Slight Degrees of Squinting without Tenotomy. By DR. DIEFFENBACH.—When the strabismus is but slight, it often happens that after the division of one of the recti, its antagonist draws the eye too far in the opposite direction, and produces a strabismus only different in kind from that which existed before the operation. For these cases, therefore, Dieffenbach proposes, instead of dividing the muscles on the side *towards* which the eye squints, to cut out a portion of the conjunctiva from over the insertion of the muscle of the side *from* which it squints. The operation consists merely in raising up a fold of conjunctiva several lines wide with a pair of hooks, and cutting it off, with some of its subjacent cellular tissues, with a pair of curved scissors. The contraction of the cicatrix is sufficient to draw the eye into the straight position. In external strabismus, a larger portion of conjunctiva must be cut from over the internal rectus, than in cases of internal strabismus it is necessary to cut from over the opposite muscle ; because the former kind of strabismus almost always depends on weakness, the latter on excessive energy of the rectus internus.—*Ibid.*

Medical Miscellany.—Mrs. Elizabeth Chase, of Boston, 102 years of age, has good sight and hearing, and attends church regularly.—There are 79 men in Hartford, Conn., upwards of 70 years of age—the oldest being 99. The population, in 1840, was 12,793.—Surgeon W. M. Ward, U. S. N., is ordered to rendezvous at Baltimore, Vice Surgeon H. S. Coulter detached.—An epidemic disease amongst horses, spoken of heretofore, still exists, but a little ameliorated in character.—Dr. Hitchcock, of New Orleans, has recovered \$1000 damages for false imprisonment.—Assistant Surgeon H. D. Taliaferro, of the Navy, is ordered to the sloop of war Ontario, Vice Dr. S. W. Kellogg detached, on account of ill health.—Small-pox has appeared at Milledgeville, greatly alarming the inhabitants. A hospital has been provided and efforts made to circumscribe the spread of the disease.—One case of varioloid occurred last week at Reading, Mass. Cases have also appeared in the neighborhood of Pawtucket, R. I.—About forty persons have died at Toledo, Michigan, by ulceration of the throat.—Dr. Eldridge, who made such wide-spread noise in the world about a year since, in Philadelphia, is prosecuting banks, police officers, &c., for damages ; he was originally arrested for forgery.—A bill concerning the practice of physic and surgery, in Massachusetts, was committed last week to the committee on the judiciary.—A very fatal disorder, called the black fever, has recently made sad ravages among the rural population near Akendale, in Yorkshire, Eng.—A mode of preventing the effluvium from the decomposition of dead bodies, has been suggested by filling the coffin with plaster of Paris.

Number of deaths in Boston for the week ending Feb. 19, 40.—Males, 19 ; Females, 21. Stillborn, 1. Of consumption, 4—old age, 2—dropsy in the head, 2—child-bed, 2—lung fever, 7—disease of the brain, 1—canker-rash, 1—hooping cough, 1—scarlet fever, 6—apoplexy, 1—erysipelas, 1—croup, 1—intemperance, 2—inflammation of the bowels, 1—infantile, 3—convulsions, 1—brain fever, 1—complication of diseases, 1—unknown, 2.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now fully acknowledged by the most eminent Physicians, Surgeons and Chemists, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewers, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr. In Hartford, to E. W. Bull. In New Haven, to D. Smith & Co. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chesnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrell & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S Elixir of Opium, as there are base imitations in existence.

F. 9—3t

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

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All orders from the country carefully and promptly executed.

D. 1.—6m

CASTLETON MEDICAL COLLEGE.

The annual Lectures in the Castleton Medical College, late Vermont Academy of Medicine, will be commenced on the second Tuesday, 8th of March, 1842, and be continued fourteen weeks.

General, Special and Surgical Anatomy, by JAMES MCCLINTOCK, M.D.

Materia Medica, Therapeutics and Obstetrics, by JOSEPH PERKINS, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

Theory and Practice of Medicine, by DAVID M. REESE, M.D.

Physiology, General Pathology, and Operative Obstetrics, by CHAUNCEY L. MITCHELL, M.D.

Chemistry and Pharmacy, by WILLIAM MATHER, M.D.

Ophthalmic Anatomy and Surgery, by WILLIAM C. WALLACE, M.D.

Medical Jurisprudence, by WILLIAM P. RUSSELL, M.D.

Demonstrator of Anatomy, EGBERT JAMIESON, M.D.

Fees for the course, \$55. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Expense of boarding, &c. \$1.50 to \$2.25.

In the last course a number of surgical operations were performed before the class; there is every reason to believe that the number of such cases will be much greater during the next term.

Castleton, Vt., Jan. 3, 1842.

J. 12.—2m

JOSEPH PERKINS, Registrar.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. GLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 2, 1842.

No. 4.

DR. WATSON ON THE TREATMENT OF PLEURISY.

[Concluded from page 25.]

CONNECTED with the operation of paracentesis thoracis itself, there are some questions concerning which medical opinions and medical practice are not yet settled. I do not pretend to decide these questions: yet I cannot pass them by. I must point them out to you; and I shall, at the same time, state what my own observation has suggested in regard to them.

1. Should all the liquid be let out at once?

Some say yes: some say no. If we appeal to experience on this point, we obtain no satisfactory answer. I have known patients get rapidly and perfectly well, after as complete an evacuation of the liquid as was possible. On the other hand, I have heard of speedy recovery, when, by a sort of accident, very little had been withdrawn: enough to relieve the pressing distress; but much less than the operator intended.

We must try the matter, therefore, by our reason.

I think it very probable that when the serous membrane is *stretched* by the pressure of its contents, its natural absorbing power may be lessened. But we have no reason to suppose that the mere relief of this tension will *often* suffice to renew the process of absorption, and to enable the flattened lung to re-expand.

The theoretic objection to the thorough emptying of the thorax in such cases is; I conceive, that the introduction of air is likely to be hurtful, by converting the adhesive into the suppurative form of inflammation, and by promoting decomposition of the extravasated fluids. No doubt there is this risk; but, in general, it cannot be avoided. Unless the lung freely rises at once, the liquid *cannot* all, nor even much of it, come out, without air getting in. Some attempts have indeed been made, of late, to draw the water into an exhausted bag, by the help of a pipe and stop-cocks. But it is obvious that, in most cases, very little can be so abstracted. The mere admission of air to the pleura does not necessarily *create* inflammation of the membrane. This we know from what happens sometimes in emphysema produced by a fractured rib. In the only instance of *pure* pneumo-thorax which I ever saw, the sac of the pleura had become half filled with air, through a very minute opening in the pulmonary membrane, communicating with the air-passages. There was *no* inflammation of the pleura in that case. Except that it was preternaturally *dry*, it seemed perfectly healthy. Neither does the access of air

necessarily superinduce suppuration in the membrane already inflamed. Certainly, if pus follows the passage of the instrument, as much should be removed as we can get. And, for my own part, I should take away as much as would come, if the enclosed liquid proved to be serous.

2. Is the orifice to be healed up, or to be kept open?

Here, also, practical men differ. I should say, if pus comes out, by all means keep the aperture open; and inasmuch as detension of the pus would be injurious, and the depending point is difficult to hit, and the orifice is apt to clog, I would do more than leave it open: I would draw the puriform fluid off twice a day by a syphon.

If serum is let out, by all means close and heal the wound. Then, if all goes on well, our object is achieved. But should the condition of the patient fail to improve; should hectic fever, after a day or two, set in or even continue; should much constitutional distress or disturbance arise—under such circumstances I would re-open the wound. There *was* mere serum, or liquor sanguinis: there now *is*, in all probability, puriform matter pent up in the pleura: and even stinking and poisonous gases.

On six occasions I have myself witnessed the evacuation, by puncture, from the human pleura, of a clear transparent liquid. Some of the patients were under my own charge, some under the charge of others. Of these six patients one died the day after the operation; I can scarcely say why. She was an extremely timid and susceptible young woman, and I am inclined to attribute her death to the shock produced, by apprehension of the operation, upon her sensitive nervous system. Two others recovered forthwith and perfectly. The wound presently healed in the three remaining cases also; but in one of the three it soon broke out again, and a quantity of healthy pus was discharged daily. After some time the expedient of keeping the cavity free from accumulated pus by the use of a syphon was resorted to. Under this plan the discharge became gradually less and less, and at the end of many months it finally ceased. The patient has a contracted chest, but his general health is quite re-established. He was on the brink of suffocation when the operation was performed. I have been told of a man who, for the last fifteen years, has had a similar thoracic fistula, and who has nevertheless, during nearly the whole of that period, been actively engaged in the various labors of a farm servant.

I have still two of the six patients to account for. They were both much relieved by the operation for a while; but after a few days they again fell off, and after many more days of gradual sinking and distress, they died. The cavity of the pleura contained, in both cases, much puriform liquid, and a quantity of most offensive gas, consisting in great part, as I judged from its odor, of sulphuretted hydrogen. I have since thought that both these patients would have had a much better chance for life, if this mass of corruption had been daily removed.

Again, I have twice seen *pus* let out, by the *primary* puncture of the chest. One of these two patients sunk, exhausted, some months after the opening, which never healed, was made. The empyema of the other had been occasioned by fracture of a rib. The discharge continued for a short time, then ceased, the orifice closed, and the lad got well.

This constitutes the amount, or nearly so, of my personal experience of the operation of paracentesis thoracis. You will see, in the statement I have been making, the grounds of those opinions which I have formed and expressed respecting it. A full and final solution of the grave and difficult questions that it involves would require a much wider field of observation than any one individual is likely to command. Dr. Thomas Davies has published a tabular account of the several cases of operation which he had then superintended. In sixteen cases of empyema, so treated, there were twelve recoveries; that is, the operation was successful in three fourths of the whole number of cases: a very encouraging result. In three of the less fortunate ones, the lung could not expand after the evacuation of the fluid, in consequence of the thickness of the false membranes covering it.

The value of Dr. Davies's table would have been greater, if it had shown in each case the time, after the commencement of the disease, at which the operation was performed; the symptoms that called for its performance; the nature of the liquid evacuated; and whether the orifice made by the trocar was closed or not.

The quantity of liquid which the distended pleura is capable of holding is enormous. I have seen upwards of a gallon let out at once. Dr. Montgomery mentions the case of a patient of Dr. Croker's, in Dublin, from whose left pleura Mr. Crampton drew off the almost incredible quantity of fourteen imperial pints of pus. Of course this could not have accumulated there without making injurious pressure in all directions: upon the ribs, upon the heart and mediastinum, upon the diaphragm, and the abdominal viscera beneath it. It is interesting to know with what rapidity the capacity of the diseased side of the thorax will, in favorable cases, diminish. The same writer gives the history of a boy, 12 years old, in whom the circumference of the diseased side was sixteen inches and six lines, while that of the sound side was fourteen inches and one line. Nine days after the operation the circumference of the diseased side had decreased nearly three inches; it measured thirteen inches and nine lines; that is, rather less than the circumference of the healthy side. The side had shrunk somewhat within its natural size. This is common in such cases.

There is yet a third question of some importance. Whereabouts should the opening be made?

If any soft inelastic tumor has appeared, marking a tendency in the effused liquid to make its own way outwards, that tumor should be punctured without loss of time; for there will then be *no* chance of the reabsorption of the pus; and if the swelling be left to itself, troublesome, burrowing sinuses will be apt to form in the thoracic and abdominal parietes. As we have no choice in such a case about the place where the aperture is to be made, authors have termed the operation *the operation of necessity*; and they distinguish the case in which the surgeon is at liberty to introduce his trocar wherever he pleases; they say that then the *operation of election* takes place. Now the question is, what spot is the best for this operation of election?

If there be any part of the surface which is resonant on percussion,

or which affords any sound of respiration, that part must be avoided. It is probable that the lung, in that place, is fastened by adhesions to the costal pleura. Of course you would not thrust in a trocar where you saw or felt that the heart was beating.

The object to be kept in view is that of making the opening in the situation which will allow the freest and most perfect vent for the liquid. The intercostal space between the sixth and seventh true ribs, where the digitations of the serratus major meet those of the obliquus externus muscle, is the place usually recommended. Laennec prefers the space between the fifth and sixth ribs. He observes that, on the right side, an enlarged liver frequently reaches as high as the sixth, or even the fifth rib. When the diaphragm is pushed as high as this (and I believe that Dr. Edwin Harrison, who has paid much attention to this point, will tell you that it is often pushed up even higher) there is an obvious risk of penetrating it with the trocar. In fact, Laennec committed that error himself. After making an incision between the fifth and sixth ribs, he thrust the instrument, as he supposed, into the thorax; and was a good deal surprised to find that no gush of liquid followed its introduction. The patient died; and dissection showed that the trocar had entered the cavity of the abdomen after transfixing the diaphragm, which, having been forced upwards by a large liver, had contracted firm adhesions to the seventh rib. I have myself witnessed a similar mischance, on the other side of the chest. The integuments of the side were œdematous; and it was thought that a little serum issued upon the passage of the grooved needle. This serum must have come from the infiltrated cellular tissue. No liquid was evacuated by the trocar. The patient died a day or two afterwards of peritonitis. The instrument had perforated the diaphragm, and entered the spleen, which was unusually large.

I am tempted to relate the particulars of one of the prosperous cases that I before briefly adverted to. It occurred in a lad of 19; a patient of my colleague, Dr. Wilson. On his admission into the Hospital he bore all the marks of copious effusion into the left pleura; the side enlarged and motionless, and dull on percussion; the intercostal spaces tense and even with the ribs; the heart beating to the right of the sternum; respiration puerile on the right side, inaudible on the left; urgent dyspnoea; a tendency to coma, marked by drowsiness and blueness of the cheeks and lips. In short, the boy was on the very verge of suffocation. He had been ill about a month; and had been bled, and cupped, and brought under the specific influence of mercury. Dr. Wilson judiciously directed that the liquid should be let out.

A grooved needle was first passed between the fifth and sixth ribs; and some serum following the puncture, a trocar was then introduced by Mr. Tuson, and nine pints of a clear fluid were drawn off. During the operation the patient became faintish at times, and then the orifice of the canula was stopped for a moment by the finger. The immediate effect of the tapping was most interesting and gratifying. Even while the liquid was flowing, the heart was observed gradually to move over from beneath the right mamma towards its natural situation; and his difficulty of breathing was signally relieved. At the beginning of the operation

he respired fifty times in a minute; at its conclusion thirty-eight times only. A good deal of air entered while the liquid was escaping: and for some days after the operation a splashing sound was audible on succussion of the chest; and one part of that side was unnaturally resonant, when struck, and another part unnaturally dull; and whatever was the posture of the patient, the hollow sound was uppermost, and the dull sound was undermost; and when he sat up and spoke, or coughed, a brazen resonance was heard by the ear applied to the scapular region. This had got quite well, without the recurrence of a single bad symptom. He afterwards presented himself at the Hospital; and I understand that the left side was found to be in a very slight degree smaller than the right.

The liquid evacuated in this case was clear and transparent. It separated on cooling, into three parts; one of quite watery consistence, one more viscid, and a third which constituted a soft, transparent, jelly-like mass of fibrin.

In this instance no injurious consequences resulted from the free admission of air.

It may sometimes be necessary to puncture the cavity for *mere* pneumo-thorax: when, for instance, the pulmonary pleura has been pricked by a fractured rib, and air passes from the lung into the pleural sac faster than it can be absorbed; fast enough to compress the lung, and to threaten death by apnoea. The diagnosis of such a state cannot be difficult. The existence of the fracture, the tympanitic sound given by the chest on the injured side, the absence of respiratory murmur in the tympanitic part, and the increasing dyspnoea, all point to the same conclusion. Now a trocar of the smallest size—or even an acupuncture needle—would suffice to give vent to the imprisoned air, which will escape with an audible hissing noise. In some cases it must have existed in very large quantity, for the stream of issuing air has been strong enough to blow out a candle several times in succession; the flame being each time immediately re-lighted.

The same necessity for puncturing the cavity of the pleura from without may arise in cases of pneumo-thorax depending on specific disease in the lungs; but we cannot regard the operation as *curative* in such cases. Its value is very different from that which experience has shown to belong to it in empyema from acute or chronic pleurisy. Yet if it saves life for the time, if it prevents impending suffocation, and relieves existing distress, and postpones the fatal event, it is not *without* its value; and it has many times been done, and been followed by very gratifying results; but it has never, that I know of, been followed by entire recovery. Dr. Davies had superintended the operation in nine instances of pneumo-thorax with effusion: and *all* the patients died from tubercular complications.

There are, indeed, on record examples of recovery after the operation, when pneumo-thorax had existed, and under very unpromising circumstances. I should have stated before, that as the pus, in empyema, sometimes finds its way outwardly, penetrating between the ribs, and forming an external swelling, which, if not opened by the scalpel, will at length burst; so it also, sometimes, escapes by making a road into some part

of the air-passages, and being expectorated. Now the operation of paracentesis, in such a case, *there being no tubercular disease*, has been successful. Le Dran relates an instance in which he operated for empyema, where "the injection of a small quantity of mel rosarum and barley water through the wound excited coughing, and part of it was coughed up through the mouth, mixed with pus;" thus clearly proving the existence of a fistulous passage through the lung; notwithstanding which the patient recovered completely. The effusion was probably circumscribed. But you will find other cases of a similar kind referred to by Dr. Townsend, in the *Cyclopædia of Practical Medicine*.—*London Medical Gazette*.

TORTICOLLIS SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY. BY JOHN B. BROWN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

Miss H. S., ætat. 7. The right sterno-cleido-mastoideus muscle strongly contracted. The face is turned over the left shoulder, and the back of the head over the right and almost in contact with it. She has the visage of a wry-neck patient, but not so much so as in cases where the deformity is congenital. The angle of the mouth is depressed and drawn down. The left eyebrow is elevated above the right. The right side of the head is so strongly inclined to the right shoulder as to give an obliquity to all the features of the face. This deformity was the sequel of scarlatina maligna; and so far as my experience extends, non-congenital deformities and contractions of muscles are more frequently the result of this disease than any other.

She has combined with the torticollis a lateral curvature of the spine. The greatest deviation is between the shoulder-blades, the convexity being towards the right, but there is an acute angular convexity of the cervical vertebræ towards the left, produced by the strong and permanent contraction of the sterno-cleido-mastoideus muscle, which draws the back of the head over and nearly on to the right shoulder.

March 6th, 1840. After a consultation with Dr. J. C. Warren, I divided the sternal branch of the sterno-cleido-mastoideus, in presence of Drs. Thompson of Charlestown, Pratt of the House of Representatives of Mass., J. M. Warren, and E. W. Leach. Applied the paste-board stock after the manner of Dieffenbach, which was used for some weeks, but to very little effect. This day, April 18th, applied an apparatus which I contrived for the purpose. It consisted of a brass belt resting on the hips, with crutches coming up under the arms, the anterior extremity of which, on the left side, extended to about the height of the top of the head—and the posterior extremity on the right side extended to about the level of the ear. The tops of these were connected by a steel wire in the form of an arch, which went over the head for the purpose of giving them support. Each of these uprights had a spring attached at the top and running at right angles, an inch wide and six inches long; the one on the left side running posteriorly, and that on the right ante-

riorly. A cap was made for the head, of brown cambric, so as to fit, and a strap attached on the right side and brought round posteriorly and buttoned to the top spring on the left side. Another strap of the same material was attached to the cap on the left side, brought round the chin, and buttoned to the right top spring. These straps acting together, had the effect of elevating the head, and bringing its posterior part from the right shoulder, to which it inclined, towards the left, and of bringing the chin, which inclined towards the left shoulder, round to a front position. This operated very well, and much was gained towards bringing the head into a normal position; but the divided branch of the sterno-cleido-mastoideus united so quickly as not to give time to correct the acute angle which its contraction had produced in the cervical vertebræ, and the cleidal portion of this muscle also became a barrier to the restoration of the head to a natural position. It was thought best, after a consultation, to divide

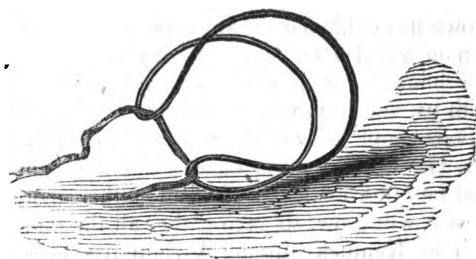
FIG. 1.

this branch, and also to re-divide the sternal branch of the sterno-cleido mas-toideus, which was done in the presence of Drs. J. M. Warren and E. W. Leach. The head did not turn suddenly round, and perform all manner of evolutions, as represented by some writers who have done the same operation, but it gradually came round, and as much as it could consistently with the previous contracted cervical and dorsal curvatures. When these curvatures are entirely corrected, I have no doubt the head will assume its normal position and be placed as it should be, in a mesial line between the shoulders. In fact, it is so much so now, that an acquaintance of the family, a lady who called in, having heard that one of the children had a wry-neck, asked which it was, all being present.

The application of the apparatus above described is represented in the annexed cuts. A B, fig. 1, are the top springs, to which are attached two straps. The one running from right to left, back of the head,



FIG. 2.



is buttoned to a knob at the end of spring A, which runs backward over the left shoulder. The other, running from left to right under the chin, is buttoned to a knob at the end of spring B, which runs forward over the right shoulder. Both acting together have a tendency to bring the head into an upright and central position. C, the crutches which run from the brass belt up under the arms. D, a strap running front of the body, which connects the two ends of the brass belt, and keeps it steady upon the hips.

Fig. 2 represents a wire stock which was made use of when the apparatus above described was taken off. This may be folded in a neckerchief as a stiffener and tied in front, or the wire may be covered with velvet and a ribbon passed through the two ends, and tied back of the neck, as is here done.

It is a mistaken idea to expect to restore the head to its normal position in torticollis by simply dividing muscles; still, the division of muscles is a necessary prerequisite step. There is always in wry-neck of long standing a lateral curvature of the spine, particularly of the cervical part of it. Subsequent treatment is necessary, and the same kind of means ought to be adopted, as is made use of for correcting lateral curvature.

PROSPECTS OF THE BLIND AND INSANE IN KENTUCKY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We are just having a visit from Dr. Samuel G. Howe, the eminent superintendent of your Institution for the Blind. He is on a mission of benevolence, to establish a similar institution here. With four blind pupils he visited our Legislature at Frankfort, and there exhibited these redeemed children before the powers that be. The exhibition was satisfactory; the argument was convincing; and the General Assembly, with hardly a dissenting voice, voted to establish a school for the blind in Louisville, and granted ten thousand dollars to endow it, provided that this city would first raise the means to put it into operation. This would cost only about a thousand dollars, upon the plan proposed. We wanted no more of the State government. We can do the rest ourselves, and measures are now in train to obtain the preliminary funds here. Dr. Howe has exhibited these pupils here for several successive evenings, and demonstrated here, as well as at Frankfort, the practicability of educating the blind for usefulness and enjoyment. This matter is entirely new with us, and has excited great interest and drawn multitudes to the exhibitions; and without doubt, owing entirely to the benevolent energy of Dr. H., we shall soon have a small school in successful operation. It will be but a nucleus at first, to gather more funds and pupils. But we trust it will grow, so as to gather all the blind of the State within its folds.

The Kentucky Insane Asylum has been more successful within the last year, than at any time previous. In 1841 there were received 38 old cases—10 idiots and epileptics; and 24 new cases. Besides these there were previously in the Hospital 102 old cases—35 idiots and epileptics; and 5 new cases. Of the first class 10 were cured, 5 improved,

and 16 died. Of the second class 9 died. And of the third class 17 were cured, 2 improved, and 3 died; and of all, 152 remained at the end of the year.

With the limited resources for the cure of the insane in this Institution, without any permanent resident physician in the house, this is remarkable success. Measures are now in progress to obtain a farther grant from the State, which will enable it to purchase lands, put up shops, arrange the buildings, and procure all other facilities for the labor, occupation and amusement of the patients, and engage such medical attendants and such a corps of assistants as are found in the most approved asylums in the country. The attention of the people and Legislature has been called to the great advantages and success of other institutions, and the deficiencies of this, and immediately the friends of the asylum set about the work of obtaining the necessary means for reform, and without any doubt we shall have, in the course of the year, as good a hospital for the insane in Kentucky as is found elsewhere.

Our two State medical schools flourish beyond all precedent. This in Louisville has two hundred and sixty students, and that at Lexington about the same number.

In haste, your friend,

Louisville, Feb. 8, 1842.

E. J.

HOOPING COUGH AND VACCINATION.

[Communicated for the Boston Medical and Surgical Journal.]

Does the hooping cough, cured as it sometimes is by vaccination, produce an exemption from subsequent liability to the disease?

CASES.—In July, 1836, John Birdsall, aged 3½ years, son of Rev. J. O. Birdsall, then of Monroe, Michigan, after exposure was taken with hooping cough well marked. The disease continued two weeks, when he was vaccinated. As soon as the vaccine disease began to affect the system, the cough subsided, but the vaccine disease took a regular course. In due time, George Birdsall, still younger, took the disease of John; the character of the cough was unequivocal. He was vaccinated, and as soon as the symptoms of vaccina developed themselves the cough subsided, and the vaccine disease went through a regular course. In August, 1840, Mr. Birdsall having removed to Saline, Washtenaw Co., the disease prevailing there, and having two children in the meantime added to his family, John and George and the two younger children all had unequivocal hooping cough. The infant died. No difference was discoverable in the cases. John and George went through the course of the disease without modification. Mr. B. informs me that the children have never been re-vaccinated.

T. SOUTHWORTH.

Monroe, Mich., Jan. 26, 1842.

DIGITALIS.

DR. CALVIN JONES, of West Tennessee, a physician of age and experience, has sent us a paper designed to recal the attention of his brethren

ren to the value of digitalis, as a remedy in pulmonary and dropsical diseases. We at first thought of publishing it entire, but have concluded, without intending the least disrespect to its worthy author, to give it in abstract.

He begins by expressing the opinion that digitalis is a "remedial agent of great power, for which a substitute could not easily be obtained," and then proceeds to inquire into the causes which, in latter times, have limited its use. They are, first, its being frequently inert, and of course doing no good; second, its having been used under inappropriate states of the system, when it has done harm. Of these Dr. Jones justly regards a high phlogistic diathesis as the most common. He cites a case of phthisis pulmonalis, in which this medicine appeared to prolong life for many years; but as it occurred before auscultation was invented, or pathological anatomy formed into a science, we have no means of knowing whether it was tubercular consumption, or only chronic bronchitis. In the latter, digitalis is certainly one of our best remedies. In the treatment of dropsies, Dr. J. has found this medicine of great value—provided venesection preceded it. The following case, on account of its remote cause, we extract in the doctor's own words:—

"I will mention but one other case, though several present themselves. Alexander Hobby, of Johnston County, N. Carolina (I then resided on the Neuse), for three or four years, in the cider and apple-brandy seasons, after considerable use and abuse of these articles had attacks of general dropsy. I uniformly bled him largely, gave him liberal quantities of nitrous salts, and when his pulse became soft and yielding, completed the cure with digitalis. I mention as evidence of the usual salutary effect of the medicine, and the power which the habit of observation gave of predicting it, that I once told him that on such a morning I should visit him, when his pulse would be reduced from its 90 to 42 strokes in a minute. When he found the prediction exactly verified (the precise number was a random guess, of course) he was alarmed with the supposition that he was surrounded with supernatural intelligences and influences; a common belief among certain people in those by-gone days (1799) when the author of evil was strongly suspected of doing great good to the sick by means of his purchased agents. A cider season at last came on, when I was necessarily absent from home (in attendance in the Legislature, of which I was a member), and poor old Hobby became its victim."

Of the preparations of digitalis Dr. J. prefers the saturated tincture of the recent herb—from twelve to sixteen drops twice a day, to be laid aside when the characteristic constitutional effects appear, and resumed when they have passed away.—*Western Jour. of Med. and Surg.*

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 2, 1842.

MEDICAL LECTURES IN VERMONT.

On the 10th of March, the lecture term will open at the Medical College of Vermont, in Woodstock, Windsor County, under favorable auspices. The new edifice, which we saw the last season in its unfinished condition, has since been completed, and all things are presumed to be in readiness for an elevated and highly useful course of lectures. Dr. Clark, a gentleman of growing eminence, who is represented to have an admirable tact for a public instructor, has the department of pathology and materia medica. Dr. Palmer will have the chair of anatomy and physiology. Dr. Childs is placed at the head of the faculty of medicine, to which his age and medical standing justly entitle him.

At the Castleton Medical College, the lectures will commence on the second Tuesday in March, and continue fourteen weeks. To enhance the value of the course, the Trustees have secured the services of Dr. Reese, of New York, in theory and practice; and Dr. William C. Wallace, of the same city, on the important subject of ophthalmic surgery, which no man understands better. Of the other professors it is quite unnecessary to speak, as they have been before the public for many years, and their qualifications, and claims to the confidence and steady patronage of the friends of medical science, are well understood.

What shall we do with the Insane?—Dr. Jarvis, of Louisville, Ky., whose incessant pleadings, in behalf of the lunatics of the western country, have gained for him the wide-spread fame of a medical philanthropist, has written another pamphlet of forty-five pages, octavo, with the above title. He sets forth the condition of these unfortunate moral patients, tells all within the circle of his influence what has been done to ameliorate their unhappy lot in New England, and other places where the same humane policy obtains, and finally, by quotations from a vast number of sources, proves that if the citizens of that good State of Kentucky do not make ample provision for the wretched maniacs, whose voices ring upon their ears for help, they have no love for their own household, and are therefore worse than infidels. What shall we do with the insane?—says this cogent reasoner. We shall assume the necessary boldness to answer the question. Let the State at once erect the necessary edifices, and appoint a suitable person for the medical superintendent—and no one, we venture to say, has better qualifications for the office than the writer of the above-named pamphlet.

Scarlatina.—A correspondent in western New York writes as follows respecting this epidemic:—

“The scarlet fever has been quite prevalent in this section this winter and last fall. In many instances three and four out of a family have died. I do not believe there is any necessity for this fatality. I have

prescribed for some forty cases; have had three deaths, and one from dropsy following. Some nine cases, besides, were looked upon as incurable, but recovered. Calomel, given as recommended by most of our authors, I believe would have been highly injurious in most of these cases. I have refused to give it at all, unless after convalescence had taken place; and then a blue pill or two, followed with salts and senna, would be preferable.

"My course is, on the commencement of the disease, to vomit, generally with ipecac., sometimes combined with antimony, followed with a gentle physic of salts and senna. This may be repeated if necessary in the course of the disease, keeping the bowels loose with frequent doses of castor oil and molasses, which is far preferable to full doses of physic, as it does not reduce the already prostrated system, but carries off most effectually the foul accumulations. After which an infusion of ipecac. in nauseating doses, alternated with Dover's powders. Drinks, saffron or any of the mild aromatic herbs in common use, with iced water when there is intense or unconquerable desire for it, with frequent sponging of the surface with warm salærated water or weak lye that feels slippery, watching with the greatest care for the first symptoms of typhus, and counteracting them instantly with tonics. Of these, Fowler's solution is the very best, and quinine the next. Here is where death, in my humble opinion, so often occurs. If the patient live beyond the three or four first days of the attack, it is almost always from a low typhus putrid state, and from the timely counteraction of which many might be saved, as I believe, that now die. When the violence of the attack is so great that death occurs in twenty-four or forty-eight hours after, of course there is no help. In two of my fatal cases death occurred in little over twenty-four hours. As an external application to the neck, in violent cases, and to prevent suppuration, I have found, after various trials of other substances, a poultice of Indian meal, applied cold, with pulverized mustard sifted on, to be highly serviceable; to be applied as long as the patient can bear it, and then the Indian meal alone, often repeated, so as to be kept cold."

New Publications, Medical Movements, &c.—Charles A. Lee, M.D., of New York, now regarded as one of the most industrious of medical writers, has a work nearly ready for the press, on the Influence of Meteorological Phenomena on Health and Disease, in which he will propound some new theories and bring forth facts which have an important bearing on etiology.—Dr. A. Boardman, another of the same school of perseverants, whose name is well known to the readers of this Journal, has a new treatise on Phrenology, in the printer's hands, which we have before referred to, and of which more will be said when it appears.—Dr. Charles Caldwell, of Louisville, Ky., we hear through a correspondent, has given the world an octavo of nearly two hundred pages, on *Mesmerism*, in which he thinks he has established the truth of the science beyond all cavil!! We intend commenting upon this matter at leisure, when the book arrives. We also learn, very directly, that Dr. Forbes, editor of the British and Foreign Medical Review, as well as his former associate, Dr. Conolly, think there is *something in it*. In what? What an age of humbug, when men of common sense and high standing condescend to become objects of general ridicule.—In the case of Dr. Houston, touching the affair of the injunction, we are told that he agreed to furnish Dr.

Mott with a written report of his own lectures, and to make no other use of them whatever. The injunction in chancery was merely to secure the performance of this contract.—Dr. Draper's lecture on *Heat*, of which a copy has been received, is excellent. Proper notice of this able production is intended. Dr. D. is spoken of to us, by a competent judge, as one of the ablest men of his age, in this country. For four years, previously to being appointed professor of chemistry in the University of New York, he was Dr. Turner's assistant in the London University. Just at this time, Dr. Draper is editing Kane's splendid work on Chemistry—to be published in a few weeks by the Harpers. It is designed to be the very best on that science extant. With the editor's copious notes and additions, it will make a volume of eight hundred pages.—Multitudes of items have crowded in upon us relating to the two medical schools of New York, the surgical cliniques, their rivalry, their hospitals, and, lastly, their quarrels, about which we don't care a straw.

Mattson's American Vegetable Practice.—Within a few days a friend has presented us a large-sized octavo of 699 pages, called the "American Vegetable Practice, or a New Guide to Health, designed for the use of families, in six parts, by Morris Mattson, Physician to the Reformed Boston Dispensary, Lecturer on Physiology and the Practice of Medicine," &c. Instead of deluging the author with abuse, or calling lustily upon Jupiter the thunderer to annihilate him, because he happens to have compiled a great book that is at variance with what we consider to be orthodox in physic, we will now merely state that we admire his industry, perseverance, and apparently honest intentions, but regret exceedingly that such powers as he possesses should not have been more happily directed. We may present our readers with an analysis of Mr. Mattson's labors at some future time.

Deaths in Pomfret, Conn. Population 2000.—In the year 1815, as we learn from an authentic source, the number of deaths was 33, or 1 in 60; in 1816, 29, or 1 in 68; in 1817, 20, or 1 in 100; in 1818, 28, or 1 in 71; in 1819, 23, or 1 in 86; in 1820, 27, or 1 in 74; in 1821, 25, or 1 in 80; in 1822, 32, or 1 in 62; in 1823, 24, or 1 in 83; in 1824, 30, or 1 in 66; in 1825, 40, or 1 in 50; in 1826, 34, or 1 in 58; in 1827, 16, or 1 in 125; in 1828, 31, or 1 in 64; in 1829, 21, or 1 in 95; in 1830, 23, or 1 in 86; in 1831, 25, or 1 in 80; in 1832, 37, or 1 in 54; in 1833, 28, or 1 in 71; in 1834, 26, or 1 in 76; in 1835, 20, or 1 in 100; in 1836, 21, or 1 in 95; in 1837, 39, or 1 in 53; in 1838, 24, or 1 in 83; in 1839, 27, or 1 in 74; in 1840, 18, or 1 in 111. Yearly ratio, 1 in 70. Average number, 28.1 per year. Annual per cent. 1.25.

Jefferson Medical College.—A catalogue of this enterprising school, at Philadelphia, is circulating through the country, showing evidence of its great prosperity. The lectures commenced on the first Monday of November, and were to close on the last of February. There are *two hundred and nine* names on this document. Of these, ninety-eight belonged to Pennsylvania and twenty-eight to Virginia. We congratulate the friends of the Institution on its profitable success. The fact is, there is

talent there; and then there is a modicum of enterprise, and a liberal, generous expression of regard for the welfare of every individual who places himself under the educational guidance of the faculty.

Medical Disruption.—Intelligence from Lexington, Ky., partly through a Louisville paper, gives a sad account of things at the old Transylvania school of medicine. It seems, says one of our own papers, that Dr. Cross, one of the professors, known generally as the editor of the *Western Journal of Medicine*, had a rumpus in the street with one of the students, who caned him right soundly. A sword cane was wielded, but Dr. Cross could not use it effectually, because the by-standers interfered. Quiet was obtained at the College—but more trouble was anticipated. The story is, that the professors will all resign. Dr. Bartlett must keep his associates in ballast trim: he was a good magistrate in Massachusetts, and they would do well to put him in commission in Kentucky.

Operations for Deformities.—Dr. Parker, of New York, Professor of Surgery in the College of Physicians, is associated with Dr. J. H. Dorr, formerly of Boston, for the treatment of spinal curvatures, club-feet, strabismus and other deformities, on the principles adopted by the French and other Continental surgeons.

Smallpox at the Sandwich Islands.—After having been severely afflictive, by the late arrivals we are informed that the fury of the disease has expended itself, but not till it had mown down great numbers of the poor, alarmed, unprotected natives, besides European settlers. Vaccine virus was sent from Boston in the autumn, but it is apprehended that it did not arrive in season to circumscribe the infectious malady. However, in future, with the estimate they have been taught to place in the kinepock, it is believed that a careful attention will be paid to early infantile vaccination throughout all the islands.

Important Discovery in relation to Zoology and Physiology.—The large gold medal of the Society of Arts was awarded on Thursday last to Mr. Henry Goadby, for an important discovery in relation to the science of zoology and physiology. This discovery consists in a new mode of preparing anatomical and zoological preparations, and is applicable as well to the largest specimens as to microscopic objects. The fluid in which they are preserved is dense and beautifully transparent, and possesses the important advantage over spirit of wine, of not corrugating the preparation in the slightest degree, of not altering the color of the tissues, and of not becoming turbid. Instead of using the ordinary bottle, Mr. Goadby employs glass boxes of various sizes, which permit of the examination of every part of the preparation without the distortion of the object necessarily produced by a round vessel. Some of these preparations admit of being framed, and hung upon the walls of a room like pictures. The opinion of several distinguished physiologists was taken by the Society upon the merits of the discovery, who agreed unanimously in acknowledging it to be one of the most important steps made in this department for many years. We understand that the fluid employed by Mr. Goadby

is easily prepared, and possesses the additional advantage of being exceedingly cheap. It is calculated to supersede altogether the use of alcohol in the preservation of animal substances, and promises to be one of the greatest boons to physiologists and pathologists that science has yet unfolded.—*London Lancet.*

Medical Miscellany.—A Mr. Reilay, of West Troy, N. Y., took a solution of two table-spoonsful of oxalic acid, which an apothecary sent him for salts—and his wife would have taken a similar dose had not the effects on him been so instantaneous. He died in five or six minutes. Where did the apothecary learn his business?—The Massachusetts Charitable Eye and Ear Infirmary has petitioned the Legislature for assistance. The Institution has had \$2000 a year from the State, since 1837.—We hear of a fourth edition of Drs. Wood and Bache's Dispensary, at New York.—Dr. Nimrod Meniffee, of Lewisburg Co., Arkansas, was horribly and fatally mutilated in a savage combat with a neighbor—being stabbed and cut in no less than thirty-one places.—The number of patients admitted into the New York Eye and Ear Infirmary during the past year was 1,152; of whom 920 were cured, 60 were relieved, and 87 remain under treatment. The whole number admitted since the foundation of the Infirmary is 21,642.—A strange and fatal epidemic is spoken of as exciting much alarm at Tecumseh, Michigan.—A Temperance Society of the College of Physicians and Surgeons of New York was held on the 22d.—A catalogue of the University is out—with the names of 239 students appended.

TO CORRESPONDENTS.—The communications of Drs. Lee and Abbott will receive early attention.

Number of deaths in Boston for the week ending Feb. 26, 53.—Males, 26; Females, 27. Stillborn, 1. Of consumption, 9—lung fever, 10—dropsy in the head, 2—debility, 1—intemperance, 3—inflammation of the lungs, 3—scarlet fever, 10—burn, 1—disease of the brain, 1—pleurisy, 1—dropsy on the brain, 2—dropsy, 1—chronic hepatitis, 1—infantile, 2—typhus fever, 2—tumor in the head, 1—teething, 1—fits, 1.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.
 Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
 Institutes of Medicine, by SAMUEL JACKSON, M.D.
 Materia Medica and Therapeutics, by JOHN BELL, M.D.
 Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
 Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.
 Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.
 January 8th, 1842. M 2—2m W. E. HORNER, Secretary.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with abridgements, by Dr. Hull, of New York. Vol. 1 contains the *Materia Medica*, and Vol. 2 the *Repertory of Homœopathic Symptomatology*, with Clinical Remarks. These volumes contain over 1400 pages, and their use is indispensable to the Homœopathic practitioner. Price \$3 per volume, paper covers; \$4 50, bound. Also just published, Jahr's new *Pharmacopœia of Homœopathic Medicine*, translated by Dr. Kitchen, Philadelphia. Price \$3.

Also for sale, the following Homœopathic works, viz.: Hahnemann's *Organon*, \$2; Ruoff's *Repertory*, \$2; Curie's *Practice*; do. *Principles*; do. *Domestic Practice*, \$1; Dunsford's *Remedies*, \$3; Jean's *Practice*, \$3; Hartmann on Homœopathic Remedies, \$1; Broacoe's *Diseases of the Alimentary Canal*, \$0 50; Herring's *Domestic Physician*, \$2. Pamphlets on Homœopathy by Crasario, and Drs. Herring, Eustaphieue, McVickar, Greene, Okie, Channing, Des Gudi, &c.

Also for sale, Homœopathic Medicines in cases, both mahogany and morocco, varying in size and price from \$3 50 to \$50, and single remedies. Tinctures, triturations, refined sugar of milk, pure globules, vials, corks, diet papers, labels, &c.

M 2—tr

MEDICAL INSTRUCTION.

THE undersigned have united for the purpose of receiving students in medicine and affording them a complete professional education. The following are some of the advantages which are offered.

Students will be admitted to the medical and surgical practice of the Massachusetts General Hospital, and to the Infirmary for Diseases of the Lungs. At the Hospital, Dr. Bowditch will deliver a course of clinical lectures; and there, but more particularly at the Infirmary, the students will be practised in the physical examination of pulmonary diseases.

Occasional opportunities will be had for private practice in midwifery, surgery, &c., in one of the largest dispensaries of the city.

Arrangements have been made for an abundant supply of means for the study of practical anatomy, and students may feel assured nothing will be wanting in this department.

A meeting of the students for the purpose of reporting cases, and for medical discussion and criticism, will be held weekly, under the superintendence of one of the instructors.

Gentlemen, previous to presenting themselves for their degrees, will be specially and minutely examined in the different branches with a view to their creditable appearance.

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On Diseases of the Chest, and Midwifery, by	- - - -	DR. BOWDITCH.
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Theory and Practice of Medicine, by	- - - -	DR. SHATTUCK.
Descriptive and Practical Anatomy and Surgery, by	- - - -	DR. PARKMAN.

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Medical Jurisprudence, by HON. JACOB COLLAMER, A.M.

General and Special Pathology, Materia Medica and Pharmacy, by ALONZO CLARK, M.D.

General, Special and Surgical Anatomy and Physiology, by BENJAMIN R. PALMER, M.D.

Principles and Practice of Surgery, by FRANK H. HAMILTON, M.D.

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Woodstock, January 1st, 1842.

Jan. 5.—3m

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No. 5.

ON HYGROMETRICAL OBSERVATIONS.

BY CHARLES A. LEE, M.D., OF N. YORK.

[Communicated for the Boston Medical and Surgical Journal.]

ALTHOUGH the attention of mankind has, in every age, been directed to meteorological phenomena; and physicians, from Hippocrates down, have always regarded them as constituting important influences which act upon animal bodies; yet it must be acknowledged that apart from those general effects, represented by the word *climate*, but little light has hitherto been thrown upon their operation, when considered as causes of disease. A multitude of facts have indeed been collected; but the philosophy of meteorology remains to be written. Observations have hitherto been chiefly confined to the winds, the temperature and pressure of the atmosphere, as indicated by the thermometer and barometer, while the hygrometrical and electrical conditions of the air have been almost wholly disregarded, although the mutable condition of the atmosphere, as it inclines to dryness or humidity, is the main source of all the variety of meteorological phenomena. My object, in this communication, is to call the attention of physicians to this subject, as one well worthy of investigation, calculated as it is to reflect much light upon the etiology of disease.

In the London and Edinburgh Philosophical Magazine for 1838, Mr. Hopkins, of Manchester, published some very interesting observations on malaria, as connected with the dew-point; attempting to prove that those diseases which have usually been attributed to a malarious or miasmatic principle, are in fact solely owing to the hygrometrical condition of the air. His views, though eminently ingenious, are by no means convincing, when we take into view all the facts connected with the causation of such fevers, as I shall attempt to show on another occasion. He seems, moreover, to take a very partial and limited view of the physical effects of a high dew-point, for he ascribes its influence entirely to its operation in checking evaporation from the surface of the body; whereas, its effect in preventing the disengagement of vapor and carbonic acid from the lungs, and its power of conducting vitreous electricity from the body, I have found to be vastly more important. A few remarks, by way of illustration, may not, perhaps, be out of place.

By the *dew-point* is understood that degree of temperature at which moisture begins to be deposited from the atmosphere, and this is usually determined by the hygrometer (which may therefore be called a measure

of moisture). The quantity of vapor, or invisible steam in the air, is constantly varying from variations in the temperature, though we often find it varying when the temperature continues the same. Warm air is capable of taking up, in the state of invisible vapor, more water than cold air. Thus a cubic foot of saturated air, at 32 degrees, contains of watery vapor 2.350 grains; at 60 degrees, 5.825 grains; at 70 degrees, 7.941 grains. When the air is nearly saturated, a very slight diminution of temperature is attended with the formation of dew; but if the air be dry, a body must be considerably colder before moisture is deposited upon it; in short, the dryer the atmosphere, the greater will be the difference between its temperature and the dew-point. Moreover, when the dew-point is but slightly below the temperature, evaporation goes on very feebly, but then it increases in proportion to the number of degrees between the two. The drying power of the atmosphere has been expressed by Dr. Dalton, in numbers, but it is only another form of expressing the energy of evaporation. The same philosopher has constructed a very valuable table of the elastic force of vapor at different temperatures, by which it appears, that while at 32 degrees it is only equal to 0.200, at 90 degrees it is equal to a pressure of 1.36 inches of mercury. The important physiological consequences growing out of this law will be obvious to all. It thus appears that the state of the dew-point must have far greater influence upon the animal economy, than all the other meteorological phenomena indicated by the thermometer and barometer, which, alone, have hitherto been regarded as chiefly worthy of the attention of physicians and naturalists in connection with the etiology of disease. It follows, of necessity, that a high dew-point interrupts, to a great extent, the ordinary and healthy functions of the skin and lungs, two of the most important organs in the body. It prevents the decarbonization of blood in the lungs, and the union of sufficient oxygen with the vital fluid to fit it for the various offices which it is destined to perform in order to maintain a healthy condition of the system.

An atmosphere, with a high dew-point, moreover, rapidly carries off the vitreous electricity from the body, which is doubtless intended to subserve a most important end as a vital stimulus. This appears, not only from the well-known, highly-conducting properties of an atmosphere charged with vapor, but also from the depressing influence of the Sirocco, which has a very high dew-point. In healthy climates, the average dew-point is usually some degrees below the temperature of the atmosphere, and it is very rare that the two coincide. When they do, the weather is called *close*, *sultry* or *muggy*, and its injurious effects upon the system are well known. The very color of the skin, to say nothing of the languor of the mind, and the debility of the muscular system, show that the blood does not undergo the proper change in the lungs. Highly malignant fevers rarely if ever prevail where the dew-point is below 60 degrees; nor does malaria ever act with sufficient intensity, as to produce remittent fevers of a highly bilious grade. The excessive fatality of tropical diseases, is, in all probability, owing to a dew-point of 70 or 80 degrees. From the observations of Dr. John Davy,

it appears that on removal from a temperate to a tropical climate—in other words, from a low to a high dew-point—the animal heat, or temperature of the body, is raised several degrees, which is doubtless owing to the fact that sensible transpiration carries off less heat from the surface than insensible evaporation. This predisposes to and doubtless excites fevers, and other forms of disease; and hence the utility of adopting a vegetable diet and the cooling regimen on visiting such countries. In tropical climates, the liver takes on a vicarious and increased action, in order to discharge from the system the extra proportion of carbon, which chiefly escapes from the lungs in temperate latitudes, where the dew-point is comparatively low. Blacks are less subject to fevers and other diseases incident to hot climates, because their skin is considerably modified in texture, so as to enable it to perform a greater extent of function than that of the white. Its thick and dark *rete-mucosum* enables it to exhale not only a larger proportion of water and carbonic acid from the blood, but it secretes a more unctuous fluid, which is believed to possess considerable influence in counteracting the effects of the sun's rays, and in carrying off the superabundant caloric—thus diminishing the heat of the body. In short, the negro skin is adapted to a high dew-point; removing from the blood the carbon, and other matters, which in the white are, to a greater extent, discharged through the lungs and the liver. By the process of acclimation, the skin of the white may, after a time, so far discharge this vicarious office, as to resist the influence of a high dew-point (which prevails at all times in very hot climates) and thus escape disease.

Now, as we can ascertain the quantity of vapor in the atmosphere by weight, by finding the dew-point, so also we can determine the quantity of vapor expired from the lungs, by the dew-point of the breath. From the table of Mr. Dalton, showing the elastic force of aqueous vapor at different temperatures, it appears that when the dew-point is 94 degrees, which is that of the breath both in summer and winter, the elastic force of vapor is 1.53 inches of mercury in the barometer; and as vapor is but five-eighths the specific gravity of air, it can be calculated that the vapor in the breath is about 1-31st part of the breath in weight. Accordingly, at a dew-point of 94 degrees, out of 31 pounds of breath expired, 30 pounds will be air, and 1 pound vapor. Of course, the quantity inspired is always much less than this, as the dew-point of the air in our climate sometimes falls below zero, and never rises above 80 degrees. As we can thus ascertain the exact amount of vapor inspired, at each dew-point, and also that expired, we have but to take the difference between the two, as the quantity evaporated from the lungs themselves. Mr. Espy has calculated that when the dew-point is 30 degrees, we evaporate from the lungs 1 pound of vapor for every 35 pounds of air which we breathe; and when the dew-point is 75 degrees, we evaporate from the lungs 1 pound for every 69 pounds; so that in summer, when the dew-point is very high, we evaporate from the lungs only about half as much as we do in winter, when the dew-point is very low.—(Espy.) Taking the average amount of air inspired, as 40 inches, at each inspiration, the

writer has calculated the following as the amount of vapor expired at the corresponding dew-points, within the space of twenty-four hours.

Dew-point.	Grs. of Vapor.	Dew-point.	Grs. of Vapor.	Dew-point.	Grs. of Vapor.
0 deg.	10.490	32 deg.	9.331	65 deg.	6.240
5 "	10.370	40 "	8.764	70 "	5.465
10 "	10.257	45 "	8.464	75 "	4.535
15 "	10.096	50 "	8.038	80 "	3.466
20 "	0.939	55 "	7.497	90 "	2.060
25 "	9.710	60 "	6.911	95 "	0.

Thus, while with a dew-point of 0 degrees we exhale from the lungs one pound six ounces and one drachm of watery vapor in twenty-four hours, with a dew-point of 90 degrees we exhale considerably less than half an ounce, and at 95 we exhale none at all.

The amount of carbonic acid given off by the lungs, I have found varies with the dew-point, in the same degree nearly as the amount of vapor. Of course the proportion is not exactly equal, for in that case, whenever the temperature and the dew-point coincided, suffocation would infallibly ensue. My experiments are not sufficiently advanced to give precise results, but they enable me to promise, at an early day, a table showing the exact amount of carbonic acid given off at each dew-point and degree of the thermometer. Then, by merely taking the dew-point, we can by consulting the table ascertain the exact amount of vapor given off by the skin and lungs in a given time, the proportion of carbon eliminated by the same organs, as well as the weight of vapor, in grains, in a given space of atmospheric air. These are items of some importance, at least, in estimating the predisposing as well as exciting causes of disease.

I have said nothing of the great amount of latent caloric which escapes from the lungs at a low dew-point. It appears, however, from a simple calculation, that the latent caloric contained in one pound of vapor, at the temperature of the breath, would be sufficient to heat 35 pounds of air about 130 degrees; and therefore the air which we breathe at the temperature of 32 degrees, brings out with it in the vapor alone sufficient caloric to heat it 130 degrees. If to this we add the number of degrees it is actually heated, from 32 to 98, it will appear that when we breathe air at 32 degrees, the lungs part with sufficient caloric to heat all the air we breathe 196 degrees. The ratio of the diminution of caloric, thus given off by the lungs, as the dew-point rises, may be obtained by a similar calculation (going on the supposition that no vapor is generated in the lungs by the union of oxygen and hydrogen). This must also be taken into account, as exercising no slight influence in predisposing to tropical as well as other diseases.

From some observations, I have satisfied myself that the dew-point of the breath falls much below the natural standard (94 degrees) in some diseases, as first suggested by Mr. Espy. There can be little doubt that this is the case in cholera and other diseases; and from the condensation of vapor upon the lungs which follows of necessity, the patient dies in a state of suffocation. If this be so, it is more than

probable that in certain low states of the system, as typhus fever, where there is little power of generating animal heat, death might be prevented by reducing the dew-point of the air, by raising the temperature. The attention of the faculty is particularly invited to this point.

The above remarks may suffice to indicate the views of the undersigned. It is highly desirable to obtain sufficient data to construct hygrometrical charts showing the mean monthly dew-point, in different localities, and in different parts of the United States, together with its greatest range. Through the kindness of Professors B. T. Joslin of the N. Y. University, and J. Renwick of Columbia College, I have been able to project such charts for Schenectady and this city, based upon observations taken by these gentlemen during several months of the year, which will hereafter be published. A comparison of these with charts based upon observations taken within the tropics, together with the hints above suggested, will enable the profession to decide whether I have exaggerated the effects of a high dew-point, when considered as a predisposing and exciting cause of disease.

Directions.—For taking the dew-point, Daniel's hygrometer is the most convenient, where it can be had; but as it is expensive, few physicians will perhaps be able to procure it. A very simple and equally accurate method is, to use a thin tumbler of tin, kept very bright and clean on the outside—and in the summer cold water, and in the winter snow or ice, and if necessary salt mingled with water—and when these are not at hand, a mixture of muriate of ammonia and nitrate of potash in equal quantities, pounded very fine, put into the tumbler with water. When dew settles on the tumbler it must be carefully wiped off, very dry, and the fluid within stirred with a thermometer—and this must be repeated until the fluid is gradually heated up by the air, so that the moisture ceases to settle; the highest temperature at which it will settle, is the dew-point. The observations should be taken twice a day, if possible, say at sunrise and 3 P. M. They should in all cases be connected with the temperature of the air, and the direction of the winds.

Should there not be time to take the dew-point in this way, take two thermometers that agree, cover one of them with a wet white rag, and swing them simultaneously in the air; when it is discovered that they cease to change by swinging, take 103 times their difference, and divide it by the wet-bulb temperature and subtract the quotient from the temperature of the naked bulb—the remainder will be the dew-point.—(*Inst. Amer. Phil. Soc.*)

My object at present is merely to invite the attention of physicians to this subject, as one which has hitherto been too much neglected. From the best information I can obtain, there is not a dozen hygrometrical registers kept in the United States; although, at the instance of the Surgeon-general of the U. S. Army, hygrometers have lately been sent to the different army stations. No measures, however, have been taken to supply such observations in the navy, from which still more important results might be expected.

HYGROMETRICAL AND THERMOMETRICAL OBSERVATIONS for the months of November, December, January, February and March, 1824, kept at New York, by Prof. J. RENWICK, LL.D., of Columbia College.

Day.	Hour.	NOVEMBER.				DECEMBER.				JANUARY.				FEBRUARY.				MARCH.			
		Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.
1	9 a. m.	49	47	2	NW	55	51	4	NE	40	39	1	NW	40			E	36	32	4	NW
	3 p. m.	50	46	4		54	52	2	E	43	43	0	NE					44	42	2	W
2	9 a. m.	48	46	2		51	50	1	NE	32	20	12	NW	29	27	2		36	35	1	NE
	3 p. m.	52	48	4	W	54	52	2	"	22	21	1		16			N	44	44	0	"
3	9 a. m.	35	44	9	NW	50	48	2	"	28	26	2	SW	18	18	0	W	44	40	4	E
	3 p. m.	40	47	7	"	54	51	3	E	31	30	1	NW	22	20	2	"	46	40	6	SE
4	9 a. m.	44	45	1	"	43	41	2	N	21	21	0	"	10	10	0	"	40	38	2	NE
	3 p. m.	48	47	1	SE	38	35	3	"	30	27	3	SW	24	32	-8	"	44	39	5	"
5	9 a. m.	54	47	7	E	31	30	1	NW	25	24	1	"	31	29	2	"	44	41	3	N
	3 p. m.	51	50	1	"	34	32	2	"	35	34	1	"	26			SW	48	43	5	NE
6	9 a. m.	50	46	4	NW	37	29	8	W	29	27	2	W	40	38	2	"	45	41	4	N
	3 p. m.	50	47	3	"	44	30	14	"	28	25	3	NW				W	54	47	7	NW
7	9 a. m.	48	47	1	"	42	39	3	"	29	17	3	"	46	41	5	SW	42	41	1	N
	3 p. m.	52	48	4	"	40	39	1	SW	30	28	2	W				"	45	40	5	SE
8	9 a. m.	48	47	1	NE	32	30	2	W	32	31	1	NE	26	22	4	N	42	41	1	NE
	3 p. m.	53	49	4	"	38	36	2	"	37	35	2	S				"	46	42	4	SE
9	9 a. m.	51	47	4	"	29	28	1	"	40	38	2	SW	26	23	3	NE	43	42	1	N
	3 p. m.	48	44	4	SW	35	30	5	"	39	37	2	NW				NW	44	42	2	NW
10	9 a. m.	50	49	1	NW	36	35	1	SW	20	18	2	W	28	34	-6	W	38	35	3	"
	3 p. m.	54	45	9	SW	44	40	4	"	30	27	3	"				SW	46	40	6	"
11	9 a. m.	45	44	1	W	44	43	1	NW	26	23	3	SW	41	38	3	NE	41	37	4	E
	3 p. m.	49	47	2	N	52	48	4	SW	38	35	3	"				"	48	44	4	"
12	9 a. m.	48	44	4	"	40	39	1	N	30	27	3	N	38	35	3	N	50	46	4	SW
	3 p. m.	45	44	1	"	44	43	1	E	42	38	4	"	40	37	3	"	49	53	-4	"
13	9 a. m.	48	47	1	S	48	47	1	SE	34	33	1	NE	39	39	0	W	49	45	4	NE
	3 p. m.	47	46	1	"	48	46	2	W	39	37	2	E	47	40	7	NW	59	52	7	SE
14	9 a. m.	42	44		"	35	33	2	NW	34	34	0	NE	40	35	5	E	49	47	2	N
	3 p. m.	50	50		"	38	36	2	W	36	35	1	"	44	38	6	"	56	49	7	SE
15	9 a. m.	50	48	2	"	32	31	1	NW	38	37	1	SW	36	35	1	NE	49	44	5	E
	3 p. m.	55	48	7	"	34	33	1	"	44	40	4	"	38	36	2	"	54	46	8	SE
16	9 a. m.	59	51	8	"	26	24	2	N	40	40	0	ENE	39	36	3	N	44	44	0	NE
	3 p. m.	66	50	16	"	34	33	1	"	43	39	4	"	44	40	4	W	46	45	1	E
17	9 a. m.	56	47	9	NW	29	28	1	NE	40	37	3	NE	34	28	6	S	60	54	6	"
	3 p. m.	51	49	2	"	40	38	2	E	45	44	1	N	45	38	7	"	51			"
18	9 a. m.	59	36	23	"	52	49	3	S	33	29	4	W	42	37	5	NW	54	52	2	NW
	3 p. m.	48	45	3	SE	56	53	3	SE	36	33	3	SW	44	40	4	W	52	55	3	"
19	9 a. m.	49	48	1	"	40	40	0	W	36	35	1	"	34	30	4	"	44	44	0	"
	3 p. m.	48	45	3	"	43	40	3	"	46	43	3	"	42	41	1	"	52	48	4	S
20	9 a. m.	41	36	5	N	35	34	1	"	30	27	3	NE	34	32	2	"	49	43	6	SW
	3 p. m.	50	49	1	W	41	40	1	SW	38	37	1	NW	36	32	4	"	62	54	8	"
21	9 a. m.	43	37	6	"	31	29	2	"	36	35	1	W	32	31	1	"	48	45	3	N
	3 p. m.	54	51	3	S	42	41	1	NW	42	39	3	N	34	31	3	"	50	45	5	"
22	9 a. m.	45	42	3	"	34	34	0	"	27	20	7	"	34	32	2	"	36	34	2	NE
	3 p. m.	54	52	2	SW	38	36	2	"	22			"	38	36	2	"	44	42	2	"
23	9 a. m.	53	51	2	"	29	27	2	"	22	20	2	NE	37	37	0	N	40	37	3	NW
	3 p. m.	52	49	3	"	35	34	1	"	24	23	1	N	42	40	2	"	54	49	5	SW
24	9 a. m.	51	49	2	"	30	28	2	SW	20	19	1	"	35	32	3	W	53	44	9	"
	3 p. m.	54	52	2	"	"			"	33	29	4	NW	46	42	4	SW	60	54	6	NE
25	9 a. m.	47	44	3	N	36	38	-2	"	40	36	4	"	41	38	3	"	36	35	1	"
	3 p. m.	53	51	2	NW	44	41	3	N	40	37	3	"	50	48	2	S	36	35	1	"
26	9 a. m.	50	47	3	"	35	33	2	"	38	34	4	S	38	36	2	"	34	33	1	"
	3 p. m.	54	52	2	SE	40	39	1	"	45	42	3	SW	38	33	5	NE	36	33	3	"
27	9 a. m.	57	54	3	"	35	34	1	SW	36	35	1	NW	32	29	3	"	46	42	4	NW
	3 p. m.	61	58	3	W	45	42	3	"	44	42	2	"	30	30	0	"	46	41	5	"
28	9 a. m.	54	52	2	NE	36	34	2	NW	34	30	4	S	32	28	4	NW	38	32	6	"
	3 p. m.	55	52	3	"	41	39	2	E	44	40	4	SE	40	35	5	W	40	34	6	"
29	9 a. m.	47	49	-2	"	35	33	2	W	39	38	1	W				"	38	34	4	N
	3 p. m.	55	42	3	"	38	35	3	"	32	28	4	NW				"	46	40	6	NW
30	9 a. m.	50	49	1	"	38	36	2	SW	28	26	2	"				"	42	41	1	SE
	3 p. m.	53	50	3	E	44	41	3	"	24			"				"	42	41	1	E
31	9 a. m.				"	38	37	1	W	29	33	-4	SE				"	60	50	10	W
	3 p. m.				"	50	48	2	"	33			"				"	62	53	9	"

HYGROMETRICAL AND THERMOMETRICAL OBSERVATIONS *for the months of April, May and June, 1824, kept at New York, by Prof. J. RENWICK, LL.D., of Columbia College.*

Days.	Hour.	APRIL.				MAY.				JUNE.				
		Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	Therm.	Dew Pt.	Differ.	Wind.	
1	9 a. m.	45	41	4	NW	60	51	9	SW	67	57	10	S	Cloudy.
	3 p. m.	51	44	7	"	66	57	9	"	72	64	8	SE	"
2	9 a. m.	41	38	3	NE	50	46	4	NW	72	69	3	SW	"
	3 p. m.	44	41	3	"	58	50	8	"	73	61	17	SE	Fine.
3	9 a. m.	32			N	60	50	10	S	70				Cloudy.
	3 p. m.	34			NW	64	53	11	"	80				Rain.
4	9 a. m.	48	41	7	"	53	48	5	NE	58	56	2	NE	"
	3 p. m.	60	52	8	W	50	49	1	"	55			"	"
5	9 a. m.	56	45	11	"	60	50	10	SW	58			"	"
	3 p. m.	62	52	10	SE	68	54	14	W	62			SE	"
6	9 a. m.	56	45	11	SW	56	50	6	NW	74	65	9	NW	Cloudy.
	3 p. m.	63	53	10	W	66	55	11	SW	73	65	13	"	"
7	9 a. m.	51	45	6	NW	60	56	4	NE	78	65	13	"	Fine.
	3 p. m.	58	47	11	"	68	58	10	N	84	66	18	"	"
8	9 a. m.	51	44	7	NE	58	52	6	NE	82	64	18	W	"
	3 p. m.	60	46	14	E	60	51	9	S	86			"	"
9	9 a. m.	54	45	9	W	60	48	12	NW	83	65	18	"	"
	3 p. m.	68	55	13	SW	62	51	11	SE	88	64	24	"	"
10	9 a. m.	60	54	6	"	60	53	7	SW	85	64	21	"	"
	3 p. m.	66	58	8	NW	72	54	18	"	88	77	11	SW	"
11	9 a. m.	53	55	3	"	56	51	5	NE	87	67	20	W	Fair.
	3 p. m.	62	53	9	"	59	48	11	SE	90	68	22	SW	"
12	9 a. m.	46	41	5	W	59	50	9	SW	90	63	22	NW	"
	3 p. m.	50	44	6	"	66	54	12	S	92	78	14	SW	"
13	9 a. m.	48	46	2	N	62	48	14	"	80	63	17	NW	"
	3 p. m.	52	44	8	NW	69	53	16	E	86	76	10	W	"
14	9 a. m.	50	47	3	NE	60	52	8	NE	74	62	12	NW	"
	3 p. m.	54	47	7	NW	70	52	18	SE	78	66	12	W	"
15	9 a. m.	49	46	3	N	60	51	9	NE	79	69	10	E	Cloudy.
	3 p. m.	59	54	5	SW	64	50	14	"	82	63	19	"	"
16	9 a. m.	58	49	9	NW	66	59	7	SE	80	70	10	SW	Fair.
	3 p. m.	60	54	6	S	70	60	10	"	82	71	11	NW	"
17	9 a. m.	64	51	13	SW	62	59	3	"	72	62	10	NE	"
	3 p. m.	67	54	13	SE	62	60	2	"	78	66	12	SE	"
18	9 a. m.	64	55	9	W	70	60	10	"	76	70	6	"	Cloudy.
	3 p. m.	64			"	70	57	13	"	73	70	3	"	Rain.
19	9 a. m.	47	46	1	E	72	60	12	"	82	57	25	SW	Cloudy.
	3 p. m.	42			NE	74	62	12	"	84			"	Fair.
20	9 a. m.	48	46	2	"	66	53	13	"	78	69	9	NE	"
	3 p. m.	52	46	6	NW	70	55	15	"	84	71	13	"	"
21	9 a. m.	38	33	5	"	72	59	13	SW	90	76	14	SW	"
	3 p. m.	50	44	6	"	78	60	18	"	92	75	17	"	"
22	9 a. m.	49	45	4	"	67	51	16	NE	78	74	4	NW	"
	3 p. m.	59	52	7	NE	70			E	81	67	14	"	"
23	9 a. m.	60	48	12	"	70	55	15	SW	72	68	4	"	Cloudy.
	3 p. m.	68	52	16	SE	73			"	80	67	13	"	Fair.
24	9 a. m.	55	51	4	NE	74	59	15	"	71	70	1	E	Cloudy.
	3 p. m.	58	47	11	E	80	64	16	"	78	73	5	SE	"
25	9 a. m.	48	43	5	NE	78	63	15	E	70	69	1	E	"
	3 p. m.	50	47	3	"	66			"	77	74	3	SE	"
26	9 a. m.	56	54	2	SE	64	55	9	NW	78	70	8	W	"
	3 p. m.	62	53	9	"	72	56	16	"	78	69	9	"	Fair.
27	9 a. m.	63	57	6	W	67	54	13	"	72	64	8	NE	"
	3 p. m.	70	59	11	"	76	62	14	SW	76	63	13	SE	"
28	9 a. m.	54	53	1	NE	70	53	12	NW	74			"	Rain.
	3 p. m.	60	57	3	"	76	60	16	W	73	75	3	"	Fair.
29	9 a. m.	56	54	2	SE	66	55	11	NW	74	68	6	N	"
	3 p. m.	66	59	7	"	72	56	16	SW	80	70	10	W	"
30	9 a. m.	59	54	5	W	72	55	17	"	80	71	9	SE	"
	3 p. m.	62	54	8	SW	78	55	23	S	78	67	11	"	"
31	9 a. m.					74	56	18	SE					
	3 p. m.					76	60	16	"					

From accurate tables of this kind, we can readily form scales of the drying powers of the air at all temperatures that are found most conducive to health; and thus a moist or a dry atmosphere may be selected for invalids, as the case may require. At present, physicians in the choice of climate often err; and it is quite as common for a patient to be injured as benefited by the change. Such tables, also, would doubtless lead to new modes of prevention and cure. The amount of moisture in the air, in the apartment of the patient, might be increased or diminished, according to circumstances; the former by evaporating water, the latter by exposing hot salt, lime, &c., to absorb the moisture; for the dew-point would give the exact number of grains in a cubic foot of air. In this way we might imitate the climate of any country on the globe, and perhaps save our patients the necessity of leaving home and friends to suffer the discomforts of a strange land—too often to have their eyes closed by the hand of strangers.

Permit me to suggest, in conclusion, that such observations as may be taken be published, from time to time, in your valuable Journal. Every physician in the country may thus assist in collecting materials of vast importance to our science. Daniel's hygrometer, which is the only one on which any dependence can be placed, as it is the only one constructed on truly scientific principles, may be procured of Messrs. Benj. Pike & Son, opticians, No. 166 Broadway, N. Y. (price \$14.) Or a thermometer and a thin, polished tin cup, as I have remarked above, will answer nearly as well.

On the two preceding pages are some of the hygrometrical observations made by Professor Renwick in the year 1824, at the instance of Capt. Franklin, for the purpose of comparing them with similar observations made by himself during his expedition over land in search of the N. West Passage. As the instruments of Capt. F. were, however, broken at an early period of his travels, the plan was not carried into execution, and Professor Renwick's observations have hitherto remained unpublished. It is unnecessary to state that the utmost reliance may be placed upon their accuracy.

From the foregoing tables we obtain the following results:—

	Nov.	Dec.	Jan.	Feb.	March.	April.	May.	June.
Mean Temperature	49	39	33	35	46	55	64	78
Maximum "	66	56	46	50	62	70	80	92
Minimum "	35	26	20	10	34	32	50	55
Range	31	30	26	40	28	38	30	37
Mean Dew-point	40	36	31	33	42	48	53	69
Maximum "	58	53	44	41	54	59	64	78
Minimum "	36	24	17	10	32	33	46	56
Mean Difference	3.5	2.3	2.	3.	3.	6.8	11	13
Range	22	29	27	31	22	26	18	22

From observations made at the apartments of the Royal Society, London, 1838–9, we obtain the following results, which may be advantageously compared with the above for New York.

	Thermometer (mean).	Dew-point (mean).	Difference.	Extreme Range.
November	41 deg.	38 deg.	3.4	16
December	39	35	3.9	19
January	38	33	4.7	21
February	40	35	5.5	21
March	41	36	5.2	23
April	44	37	6.9	19
May	52	45	7.0	19
June	61	56	5.5	18

CASE OF ABSCESS OF THE LUNG, WITH ENLARGED AND TUBERCULOUS LIVER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case possesses sufficient interest to entitle it to a place in some medical repository. The subject of it died the 23d of last month, aged 31 years. He was of middling stature, remarkably temperate in his food and drinks; but at his trade, which was that of a blacksmith, he performed an extra amount of labor, for which he received double the pay of other workmen in the same establishment. In the Spring of 1839 he returned to this, his native town, from the axe factory at Canton, Ct., in which he had worked for six or eight years, having the appearance of a man almost broken down from the effects of hard work. He soon began to recruit; so that for a year previous to the month of September last, he enjoyed a good degree of health, and was industriously engaged in agricultural employments. During the month of October last, he complained of pain in the left side of the chest, extending from the sternum around to the spine; but not to such a degree as to confine him to the house, or keep him from labor; and it was not till the second week in November that he took to the house. During his residence at Canton, he had become quite partial to the "Thomsonian practice of medicine;" so that up to the middle of Nov. he would not consent to have a *regular* practitioner called, "lest he should get a dose of calomel into him." Early in October a cough commenced, which increased in severity until the 15th of November; when during a severe paroxysm of coughing, he suddenly commenced raising from the lungs a heavy, dark-colored and exceedingly offensive matter, and in large quantity. This, to him, was evidence that the "stomach was out of order;" and he sent for a dentist, then in the village, who had read medicine, but who was partial to "lobelia," to come and give him an emetic. The doctor was satisfied that it was no case for him, and advised him to apply for more experienced aid.

On the 17th of November I first visited him. He was expectorating freely a dark-colored, purulent matter, and so fetid as to scent the whole house. There was considerable pain in the left region of the chest, which sounded dull over an extensive surface; breathing quick and laborious; pulse frequent; features sunken; countenance pale, and depicting much anxiety. The case at once developed itself. That he had suffered from a considerable degree of inflammation of the lungs, for

a number of weeks ; that inflammation had resulted in the formation of a large abscess, which had suddenly burst ; and that he was then almost constantly throwing up its contents, there could be no doubt. He then had no scruples as to taking *calomel*, if I thought necessary. After inserting a seton over the seat of the abscess, I prescribed the following : R. Tinct. actæ racemosa, ℥j. ; tinct. sanguinaria canadens., ℥ij. ; tinct. digitalis and tinct. opii of each ℥j. in a dose of forty drops every four hours. Also the iodo-hydrargyri of potassium in a dose of 10 drops, to be increased gradually, every six hours. For a few weeks there was a manifest improvement in the pulse, and the condition of the patient in many respects was more comfortable ; but still, little impression seemed to be made in diminishing the amount of matter expectorated. Early in December, at the suggestion of a practitioner of much experience, I put him upon the use of one eighth of a grain of corrosive sublimate in solution, with two thirds of a wine-glass of Carpenter's compound syrup of sarsaparilla, three times in the twenty-four hours. This served to keep his bowels regular, and his appetite rather improved ; but the cough and expectoration did not improve ; emaciation progressing rapidly ; feet and lower limbs much swollen ; pulse increasing in frequency ; strength fast wasting ; and it seemed as if his disease was rapidly approaching a fatal termination.

About the middle of December the patient discovered some unusual fulness of the bowels, but made no mention of it until about the 1st of January, at which time it had increased so as to be quite inconvenient, and by the 5th of that month he suffered so much from the distention, and so greatly was his respiration affected by it, especially when in a recumbent posture, that he was obliged to quit his bed and pass day and night in his chair. At this time his feet and legs were so much swollen that the skin gave way, and serum escaped in considerable quantity. After a few days passed in this situation, and becoming much exhausted, he again took to his bed, and by the aid of bolsters to keep the body considerably elevated he was enabled to pass the principal part of his time there. Instead of sinking rapidly into his grave, as we expected, a slight improvement was manifest in many of his symptoms ; his condition became decidedly more comfortable ; pulse less frequent ; cough and expectoration diminishing ; breathing more easy ; effusion into the lower extremities lessening, and his appetite quite good :—but the enlargement of the abdomen gradually increased. For about three weeks I did not see him ; but when I again visited him I was struck with the apparent improvement in his appearance ; his countenance looked better ; cough and expectoration nearly ceased ; breathing tolerably easy ; swelling of the feet and legs entirely gone ; appetite abundant ; pulse about 85 per minute ; and but for the enlargement of the abdomen, which was now altogether the source of his greatest suffering, there seemed to be nothing in the way of his restoration to health. In one week more, his cough and expectoration had entirely ceased !

On examining the abdomen at this time, it was evident that it was the liver which was occasioning this great enlargement of that portion of his body ; its lower margin could be distinctly traced far down in the right

lumbar region; from thence along midway between the umbilicus and pubis, and far around into the left lumbar region. Pressure upon it with the flat hand did not occasion pain, neither did the patient at any time complain of pain in the region of the liver. From the middle of February until the fifth of March, the subject of this disease remained free from cough and expectoration; respiration easy, but for the fulness of the abdomen and its encroachment on the cavity of the chest; appetite uncommonly good. About the time last mentioned, he expressed himself as having "taken a little cold;" there was a slight cough, which gradually increased, and was soon attended with an expectoration of purulent matter. From this time he failed gradually, with little apparent change in the condition of the abdomen, except that the enlargement increased until his death.

It may here be remarked that his appetite remained in an unusual degree during his whole illness, and that the regularity of the bowels was undisturbed. He had occasion to take a cathartic but once, during the period I visited him: and it was not until within the last ten days of his life, that the alvine discharges assumed a clayey appearance, or showed decided marks of a deficiency of bile.

Permission being granted, a post-mortem examination of the body was made the day following his death. The liver was one mass of tubercles, and enlarged in every part. A horizontal measurement from the top to the bottom of the right lobe was thirteen inches, and the transverse measurement from the top of the right lobe to the bottom of the left lobe was fifteen inches; and it weighed twenty pounds and one ounce! There was no other appearance of disease in this cavity. On raising the sternum, we found that air had escaped into the cellular membrane directly beneath this bone; and proceeding in the examination we found an abscess of the size of a robin's egg, situated near the external surface of the left portion of the lungs; and it was from this abscess, superficially situated, that air had escaped into the cellular membrane, and which was probably the occasion of a great increase in the sufferings of the deceased, during the last few hours of his life. It was from this abscess that the matter which he had expectorated during the few weeks preceding his death had originated. The whole left portion of the lungs was found extensively attached to the pleura, from the sternum round to the spine, and to the diaphragm below. On cutting into this lobe, suspended as it was by its unnatural attachment, a large abscess was found situated in its superior portion, and of a capacity sufficient to enable it to receive my entire fist! The extensive attachment of this lobe gave us a fine view, not only of the capacity of the abscess, but of its appearance; its internal surface had a membranous-like appearance, was smooth to the feel and was entirely healed. It was surrounded by a portion of the lung, which appeared in every respect healthy. The remaining portion of the lungs was in every respect healthy; there being no appearance of tubercles in either lobe.

The external appearance of the liver was similar throughout; neither did its internal appearance, when cut into, vary very essentially from its external, except that it was rather paler. The tubercles, when cut into,

presented a fatty appearance; in none of them was there any appearance of pus.

The foregoing narrative presents many interesting features:—the formation of so large an abscess; its being suddenly arrested, and this, too, when it had nearly completed its work and brought its victim to the grave; the sudden appearance and rapid progress of disease on the liver; the character of that disease; the diversion of disease from the lungs to this viscus; the perfect healing of so large an abscess; the monstrous enlargement of the liver; are among the more noticeable points in the history of this interesting and anomalous case.

JEHIEL ABBOTT.

Westfield, March, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 9, 1842.

PHILADELPHIA COLLEGE OF PHYSICIANS.

ALTHOUGH this is a venerable institution, having been organized in 1786, it does not appear to be extensively known at present. A quarterly summary of the transactions, embracing November, December and January last, was received the other day, and has afforded us much satisfaction. In order to encourage and stimulate the members, it was resolved in June last to publish a regular bulletin—and this appears to be the first of the intended series. Dr. Parrish's report on surgery is a solid, well-digested paper, reminding the reader of his excellent father's mode of expressing useful thoughts. The paper by the same gentleman, entitled "Observations on the Change of Voice, following extirpation of the tonsils," also commends itself to careful perusal. Dr. Morris has an article of interest—"a case in which death resulted from an abscess behind the pharynx." Next, Dr. Ashmead communicates a "case of death from over-distention of the bowels, producing pressure upon the diaphragm to such an extent as to prevent respiration." It is impossible to convey a just idea of the value of the bulletin, without re-publishing its pages, which we intend doing to some extent when an opportunity is afforded. By circulating liberally this specimen of the deliberations of the members, this excellent Institution will become more generally known, and an impulse will be given to other minds which may need a quickening influence of some sort to rouse them into activity.

Kentucky Lunatic Asylum.—A Committee of the Kentucky Legislature has been looking into the statistics of their Asylum, which seems to require some remodelling to keep pace with the times. In 1840, Kentucky, according to the census, had 317 lunatics supported at public charge, and 516 at private expense. The Lexington Asylum must have wide openings in its walls, since 78 patients have eloped, out of 841, in 17 years, which is one in 11. Money seems to have been expended, but not precisely in the right manner to make the insane as comfortable as

they should be. The fact is, the Committee have stretched out their tentacula, by way of ascertaining the public sentiment, without being sufficiently bold in the cause of humanity. They speak of the advantages of a carriage for the use of infirm, delicate females—a chess-board, billiard-table, library, chapel, &c. Why were they not provided years ago? Board and meat seem to be regarded by many legislators as the extent of public bounty. The leaven is at work in Kentucky, and promises to eventuate in the production of a new system of things in the management of pauper lunatics.

College of Dental Surgery.—A second annual announcement of this important Institution, has just been sent abroad. The next term, which is the regular lecture season, will commence at Baltimore the first Monday in November, and end the last of February. Long before November, we hope to present the claims of the College in such a light, that those who have any intention of becoming scientific operators in dentistry, will avail themselves of the manifold advantages of this first and only regularly constituted school of dentistry in America.

A New Medical Journal in Boston.—It will be seen by an advertisement in to-day's Journal, that some preliminary efforts have been made with reference to the establishment of a quarterly Journal of Medical Science in this city, which, instead of exciting any alarm in regard to the effects it may produce on our own long-cherished periodical, has our best wishes for its success. The gentlemen who are to be the editors, are competent to conduct its course with dignity and renown. Once or twice within the last few years, attempts have been made in this place to usher into existence a new medical periodical, but some how they were smothered in embryo. The present enterprise, it is hoped, will succeed better. We never entertained an idea of monopoly in the way of Journalizing; the wonder is, how it happens that we have been, so many years, unmolested occupants of the field. Since there is room enough for more, and talent enough in this city and in New England to sustain half a dozen quarterlies, of the highest order, it only remains for the profession to continue their liberal patronage to the Boston Medical and Surgical Journal, and withal offer such pecuniary assistance as shall likewise place the contemplated quarterly on a firm foundation. Any facilities which we can offer through our own pages, towards forwarding the operations of the projectors, is cheerfully tendered to them.

Medical Doings in Cortland Co.—When the account of the late medical county meeting in Cortland, N. Y., was transferred to the pages of the Journal, it was for the purpose of being commented upon, with a hope of making plain and comprehensible that which would to many at first sight appear obscure. So many contradictory statements have since poured in upon us, that we confess ourselves unable further to enlighten our readers. A correspondent, under date of February 21, asserts that the patient, whose treatment has been the bone of contention till all the neighboring profession are by the ears, is again in the Almshouse and very feeble. The limb, he says, has never been healed—and he intimates that an amputation may yet be necessary. In the midst of an abundance of recent

intelligence from the seat of war, we are positively more perplexed than ever, not knowing exactly what to believe. We do not doubt the veracity of any person—for with the very best intentions, and honesty of purpose, those on both sides are liable to be deceived. With these remarks we shall feel obliged, at present, to withhold any further comments, pro or con, touching the whole matter—wishing the belligerents a speedy return of peace, public confidence, and profitable practice.

Catalogue and Circular—Albany Medical College.—This annual publication is neater in its general appearance than such kind of pamphlets commonly are. Besides the list of students lately in attendance, there are inserted the names of twenty-seven medical graduates, the present year, together with the rules and regulations of the Institution, cost of study and accompanying expenses in Albany, and a complete account of all the operations performed before the class—and they were many; and, finally, an account of the additions made to the museum. This circular presents a very satisfactory state of the College, which is creditable to the city in which it is located.

Sulphur-fume Baths.—Dr. Durkee has fitted up an apartment at his Hospital in Howard street, with all the conveniences necessary for administering the sulphur and other medicated baths, according to the most approved methods. The confidence of the profession in the utility of these therapeutic agents in subduing various cutaneous diseases, as well as other chronic affections, is daily increasing; and yet but few physicians, in ordinary private practice, can find their account in supplying themselves with facilities necessary for the proper endermic application of the remedies to which we allude. It will, we presume, be interesting to those whose field of labor is not very remote from this city, to be apprised of the arrangement which Dr. D. has made at his establishment. His mode of applying the baths is in accordance with the recommendations laid down by Dr. Green, of London, in his valuable compendium of the diseases of the skin. The sulphur is brought in contact with the patient by a process of sublimation; and thus the patient has all the benefit which it is possible to receive from it without being subjected to the inconvenience of a partial suffocation, as sometimes happened under the old imperfect method of giving the baths in question.

Dental and Surgical Instruments.—An opinion is entertained by some, that the manufacture of surgical and dental instruments has been brought to much greater perfection in Europe than in America; but this, we believe, is not well founded. There is no description of surgical operations, which, in their performance, require more finely tempered or highly finished instruments, than those that pertain to the teeth, and we have had frequent opportunities of comparing the instruments employed for the performance of these, manufactured at some of the first cutlery establishments in Europe, with those manufactured in this country; and for excellence, both of temper and finish, we have no hesitation in pronouncing the preference to be due to the latter. We have cutlers in Philadelphia, New York, Baltimore and Boston, whose skill in the fabrication of surgi-

cal and dental instruments, we believe, to be unsurpassed. For the procurement of these, therefore, there is now no necessity for sending abroad. We had a pair of lower molar forceps presented to us a few days since—and there is no dental instrument, in the manufacture of which cutlers have more frequently failed to produce such as were really good, than this—made by Messrs. Daily & Arnold, of Baltimore, that surpasses anything of the kind we have ever before seen.—*American Journal and Library of Dental Science.*

TO CORRESPONDENTS.—The communications of Drs. Dixon of New York, and Aldrich of Vermont, will be inserted next week.

Number of deaths in Boston for the week ending March 5, 61.—Males, 34; Females, 27. Stillborn, 4. Of consumption, 9—lung fever, 5—inflammation of the lungs, 4—intemperance, 1—croup, 6—scarlet fever, 10—infantile, 4—child-bed, 3—burn, 1—dropsy, 1—smallpox, 1—chronic diarrhoea, 1—accidental, 1—old age, 1—hooping cough, 1—teething, 1—disease of the heart, 2—debility, 2—marasmus, 1—erysipelas, 1—diarrhoea, 1—fits, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 463 ft.

1842. Feb.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2 Sun. F.	2 P. M. F.	2 Sun. F.	2 Sun. F.	2 P. M. F.	2 Sun. F.			
1 Tues.	29 33 33		29.32	29.45	29.57	N W	Fair	High wind—beautiful sunset.	
2 Wed.	24 42 39		29.76	29.62	29.60	S W	Fair	Aurora borealis. Zodiac light.	
3 Thurs.	48 55 55		29.31	29.16	29.15	S W	Rain	Rain commenced at 4 A. M. High wind.	
4 Frid.	59 57 50		29.00	29.01	28.83	N	Fair		
5 Satur.	47 43 37		28.64	28.76	29.14	W	Fair	Thunder storm in the morning—rainbow.	
6 Sun.	28 42 42		29.56	29.45	29.36	S W	Fair		
7 Mon.	38 44 43		29.16	29.10	29.02	S W	Rain		
8 Tues.	33 37 28		28.92	28.85	28.86	S W	Cloudy	Snow squall at 4 o'clock.	
9 Wed.	4 16 18		29.38	29.50	29.49	W	Fair		
10 Thurs.	24 45 42		29.45	29.50	29.53	S W	Fair		
11 Frid.	26 48 44		29.63	29.58	29.53	S	Fair	Aurora borealis.	
12 Satur.	44 49 43		29.22	29.30	29.43	N W	Fair		
13 Sun.	27 37 39		29.49	29.34	29.21	N W	Cloudy		
14 Mon.	40 43 30		28.92	28.88	28.92	N W	Fair	High wind.	
15 Tues.	6 19 22		29.37	29.52	29.60	N W	Fair	[sunk to 28.00 at night.	
16 Wed.	22 36 40		29.43	28.99	28.68	S E	Rain	Snow at 12 M.; rain at 2 P. M. Barometer	
17 Thurs.	14 16 14		28.44	28.80	29.09	W	Cloudy	Snow squall and high wind in the night.	
18 Frid.	17 29 35		29.63	29.65	29.60	S W	Cloudy	Rain and high wind in the night.	
19 Satur.	50 41 30		29.10	28.95	29.18	N W	Cloudy	Rain commenced at 2 A. M. 1.13 inch fell.	
20 Sun.	17 25 28		29.70	29.76	29.72	N W	Fair		
21 Mon.	18 32 33		29.55	29.52	29.52	S W	Fair	Very pleasant winter weather.	
22 Tues.	20 36 36		29.50	29.44	29.42	N W	Fair		
23 Wed.	22 35 36		29.50	29.52	29.50	S W	Fair		
24 Thurs.	31 45 41		29.51	29.53	29.55	W	Fair	Aurora borealis—halo around the moon.	
25 Frid.	22 33 28		29.90	29.95	29.95	W	Cloudy	Snow squalls and hail.	
26 Satur.	28 30 30		29.69	29.73	29.60	N E	Snow	Rain and hail during the evening.	
27 Sun.	30 37 38		29.28	29.26	29.26	N W	Fair	Fall of snow, 2.50 inches.	
28 Mon.	33 43 46		29.42	29.53	29.58	N	Fair		

This month has been unusually mild and pleasant. There has been no sleighing, and little rain has fallen. The fall of snow has not exceeded 3 inches. The barometer has ranged from 28.00 to 29.95; thermometer, from 4 to 57—mean 30.50—range 53. Rain fallen, 4.13 inches.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

DR. M'MUNN'S CELEBRATED ELIXIR OF OPIUM

Is a new chemical preparation of opium, embracing all the medicinal qualities in a natural state of combination, to the exclusion of those which are deleterious and useless. It is superior to every other form of opiate, such as Laudanum, Paregoric, Morphine, De-narcotized Laudanum, &c. &c., as has been fully proved and now duly acknowledged by the most eminent *Physicians, Surgeons and Chemists*, and a single trial will convince the most incredulous of its own intrinsic value. Its use is not followed by any of the disagreeable effects which invariably attend the ordinary preparations of opium, such as Constipation, Headache, Tremors, Nausea, and Vomiting; but it may be taken in sufficient doses to allay all suffering with perfect safety and entire success. All who, from necessity or other causes, are obliged to use an opiate, will find in the Elixir a most gratifying substitute, as it invigorates all the powers of nature, without being followed by a corresponding state of depression. Dr. A. W. Ives, A. M., of New York city, used nearly a hundred ounces himself during a very painful and protracted illness, after every thing else had failed to give relief. "His life was prolonged months by its peculiar virtues."

Particular attention is requested to the following testimonials from distinguished physicians.

From Dr. Chilton, the eminent Chemist of New York.

Dr. John B. M'Munn having made known to me the process by which he prepares his "ELIXIR OF OPIUM," and wishing me to state my opinion concerning it, I therefore say that the process is in accordance with known chemical laws, and that the preparation must contain all the valuable principles of opium, without those which are considered as deleterious and useless.

New York, December 29, 1836.

J. R. CHILTON, M.D., *Operative Chemist, &c.*

Having witnessed the effects of Dr. J. B. M'Munn's Elixir of Opium, we are of opinion that it is a valuable preparation, and recommend it to the patronage of the profession.

F. U. JOHNSTON, M.D., President of the Medical Society of New York, and Physician to the City and Marine Hospital.

JOHN W. FRANCIS, M.D., late Professor of Midwifery in the College of Physicians and Surgeons, N. Y.

JOHN C. CHEESEMAN, M.D., Surgeon to the New-York City Hospital.

RICHARD K. HOFFMAD, M.D., Surgeon to the Marine Hospital, N. Y., and late Surgeon in the U. S. N.

JAMES WEBSTER, M.D., Professor of Anatomy and Physiology in the Geneva Medical College, N. Y.

New York, February, 13, 1837.

Physicians are respectfully requested to make trial of the Elixir in their practice; its superiority over every other form of opiate will exhibit itself to their entire satisfaction. Druggists and Physicians can be supplied by addressing their orders to A. B. & D. Sands, 79 Fulton street, New York; or in Boston to Wm. Brown, 481 Washington street; Smith & Fowle, 138 Washington street; Brewers, Stevens & Cushing, or Reed, Wing & Cutler. In Providence, to J. Balch, Jr., in Hartford, to E. W. Bull. In New Haven, to L. K. Dorr. In Albany, N. Y., to H. Rawles & Co. In Philadelphia, to Charles Ellis & Co., 56 Chestnut street. In Baltimore, to G. K. Tyler. In Charleston, to Haviland, Harrell & Allen. In New Orleans, to Sickles & Co. Or to any of the wholesale Druggists in New York, Boston, or Philadelphia.

N. B.—Be particular to order M'MUNN'S *Elixir of Opium*, as there are base imitations in existence.

F. 9—3t

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

July 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, *Secretary*.

RESPIRATORS.

THE subscriber, by means of an agent in London, has constantly on hand a number of Respirators, of every quality.

N. 17—eop3m

H. I. BOWDITCH, 17 Bedford st.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MARCH 16, 1842.

No. 6.

REMARKS ON THE OPERATION FOR STRABISMUS.

BY E. H. DIXON, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING witnessed a great number of operations for strabismus, I have been surprised at the diversified results immediately attendant thereon; indeed, I know of no operation so satisfactory to myself both in theory and practice, that has been productive of more opposite consequences, even in the hands of some of the most astute of our surgeons. After a close examination, and a fair share of practice, I have formed the conclusion that no case proper for the operation should fail. I hope that a few hints will not be unacceptable to your readers; they are the result of sixty-one successful cases, having as yet had the good fortune to avoid a failure.

The method of examining a patient in order to discover which eye is really affected, may be thought to require little notice. This, however, is important. The following will illustrate it. A lady called upon a very eminent practitioner, and requested him to operate upon her right eye. He remarked that he saw no objection to operating on both at the same time; but she replied that the right eye only was affected. He insisted on the contrary, and refused to operate unless upon both. The lady would not submit, and incidentally fell under my notice. Well knowing the general sagacity of the gentleman, I felt the importance of a rigid scrutiny, especially as the lady herself by no means lacked acumen, rendered more evident by the ludicrous management of her eyes, whilst relating with great volubility her conversation with the doctor. I might as well say, what I subsequently learned, that this was the first case the gentleman had examined.

Fixing my eyes upon the bridge of her nose, and directing them alternately to either eye, I perceived that the left was indeed the most affected when viewed at the ordinary conversing distance; but the other was also at least two lines too far towards the nose. Increasing my distance from the patient, lessened the obliquity. On inquiring into her occupation, I found it to be needle-work; and on questioning her with regard to the sight of the right eye, she informed me it was good, though not *quite so good as the other*. Yet the *pupil was enlarged and motionless*. No female likes to hear of personal defects; so I said nothing, but immediately saw how the case stood—the right eye being almost if not quite useless, the patient depending entirely on the left, and being moreover

obliged constantly to view objects very near to it. The adductor muscle of the left eye was most constantly in use—which, by the way, I take to be the reason why the converging squint is the most frequent. Desiring the patient to fix her eye steadily on mine, at a distance of several feet, the pupil not only retained its proper axis, but without fatigue to the external rectus. This was proof enough. I operated on the right eye with success, and interdicted sewing. The patient has now not only perfectly straight eyes, but is rapidly gaining the sight of the right one.

This method of examination I have continued to follow, and find its results satisfactory. I am not aware that traumatic cause has been mentioned as productive of permanent strabismus. Such a case has, however, presented itself to me, where an operation had been attempted for its relief; of course it was ineffectual. A violent contused wound, at the outer canthus, had caused the effusion of so much lymph as effectually to prevent the action of the inner muscle; the case was of several years' standing. Here the diagnosis was plain, and should have prevented the operation. Another case was brought to me where a contusion had produced contraction of the integument at the inner canthus, the globe retaining its proper axis; yet there being none of the albuginea visible, the case was taken for a squint. Here I performed the operation of removing a piece of integument of a semi-circular form. This in a good degree remedied the defect, by drawing the integument from the globe.

The operation for strabismus has been performed in a great many ways. For myself I have always been attached to the method that required the least assistance and change of instruments. Having performed the operation sixty-one times, I have from the first avoided entirely the use of the two or three tined hook, or any other instrument to draw the eye outward, contenting myself with a blunt-pointed scissors slightly curved, and a blunt hook. With the former a snip or two is made two or three lines below the situation of the muscle, and as far inward as will avoid wounding the caruncula lachrymalis. This enables me to introduce the hook: it should be done with sufficient decision to make it penetrate at once to the sclerotic coat, and be boldly introduced under the muscle. A free and decisive effort gives less pain, and is much the most certain of success. The shape of the blunt hook is very important; if it be slightly curved, it is very apt to slip from under the muscle. It should be in its curved part, half a circle, of half an inch in diameter. This can be introduced under the muscle with as much facility as a hook but slightly curved, and when there, it will approximate the fibres, and present them fairly to the scissors, so that a single cut may divide them with all the superimposed conjunctiva. The elevation of the lid, by an assistant or any mechanical contrivance, is unnecessary; this full curve of the hook will itself separate the lids sufficiently, when fairly introduced, to enable the operator to divide the muscle in a satisfactory manner. His own fingers will amply suffice for separating the lids, when making the incision through the conjunctiva, and introducing the hook. It is not necessary to see the tendon when dividing it. This is Guérin's method.

There are cases in which the operation is not instantly successful. A few hours may elapse before the pupil becomes central, even if the

muscle is fairly divided. The following case will illustrate this. I operated on Mr. H., aged 23, for strabismus divergens. He had the power of turning the globe towards the nose with great facility, though the diverging squint was so decisive, as to render the white at the external canthus almost invisible. On dividing the muscle, the eye retained its position. Much surprised at this result, I passed the blunt hook repeatedly over the sclerotic coat, and found the muscle divided to my satisfaction. It instantly occurred to me that the inner muscle might want time to regain its power; but on requesting the patient to make an effort to turn the eye still further outward, to my surprise he did it distinctly. This seemed again to indicate failure in dividing the muscle. Repeated trials satisfied me, as well as an eminent friend, that this was effectually done, the albuginea presenting a smooth surface. At my friend's suggestion, I divided the conjunctiva more freely, both above and below. Still the patient constantly retained the *voluntary* power of turning the eye outward.* The next morning the eye was perfectly straight, and continues so. The proper explanation of this case may doubtless be found in the external fibres, and perhaps the whole of the superior and inferior recti muscles, assuming between them the office of the abductor muscle. In truth they had been constantly acting to produce the same result as the abductor, during the patient's whole life time. This result in my opinion must follow when the globe loses its equipoise outward. I have seen no case in which I thought the practice of dividing the inferior or superior oblique muscles at all necessary; indeed it is difficult to conceive them to act in any other way than as antagonists to the recti muscles, besides the slight rolling motions they are known to perform. I regret that any unfortunate results should have attended this beautiful operation, and hope that these few remarks may help to shield it from unmerited aspersion. Danger to the eye, there is none, unless in the most barbarous hands.

March, 1842.

TRAVELS IN EUROPE AND THE EAST, BY VALENTINE MOTT, M.D. & P.

[Communicated for the Boston Medical and Surgical Journal.]

It may, perhaps, be deemed unnecessary to call the attention of the profession to this work of our distinguished countryman; for so wide spread is his reputation, that whatever falls from his lips or his pen will be eagerly sought after, and as faithfully treasured up and pondered. Honored as Dr. Mott has been at home, and none have been more so, no one has conferred greater honor, in return, upon our country abroad, or contributed so successfully to exalt the character of the profession in the United States, in the estimation of foreigners. Gratifying, indeed, must it have been, to be hailed as the *first living surgeon*, by the very Nestors and patriarchs of European surgery, and to receive those honors, usually paid only to crowned heads. To say that Dr. Mott's foreign tour was but a continued triumph, would be but a simple expression of the truth; and for

* Is not this fact proof that the recti muscles were the agents in this movement?

this we are rather indebted to his *campagnons de voyage*, than to his own account of his travels. Wherever he went, even to the country of the pyramids, and the moslem, he found his fame had preceded him ; and had he continued onward by the overland route to India and thence to China, and home by the Pacific and the Rocky Mountains, he doubtless would have found that his name had gone before him, and his reputation had out-travelled him. And yet, hailed by acclamation, on both sides of the Atlantic, as *the great American surgeon*, Dr. M. has borne his honors meekly as the humblest ; instead of trumpeting his own exploits, as some have thought it their duty, and found it necessary to do, he has in numerous instances left it to others to describe his masterly operations, and publish to the world his brilliant achievements in operative surgery.

So ardent is the strife for professional eminence, that blind jealousy too often seeks to pluck from the brows of merit the well-earned laurels, with which fame has entwined them ; but in the present instance, so transcendent have been the achievements of our countryman, that even jealousy, envy and detraction have stood abashed ; and all have united in tendering that meed of honest praise, so frequently but the award of posterity !

It is impossible, within the limits of a short notice like the present, to convey any adequate idea of the contents of the work with which Dr. M. has favored us. A great portion of it is devoted to such subjects as are particularly interesting to the profession ; matters relating to medical science ; details of interviews with some of the most distinguished physicians and surgeons of the age ; visits to the more celebrated hospitals, museums and medical schools ; an account of the various endemial and epidemic diseases which prevail in the countries which were visited ; remarks on the physical and social relations, habits and customs, mental and corporeal pursuits, localities and climates ; in short, everything which seems to illustrate the progress and present condition of medicine and surgery, appears to have fallen under his notice, and is faithfully recorded "for our learning."

A few brief extracts will serve to show the style and character of the work.

"*Roux, of Paris.*—Upon M. Roux, the distinguished successor of Dupuytren, it is my duty as well as my pleasure to bestow a passing encomium for his surgical attainments and personal worth. He possesses in an eminent degree the high-minded qualities of a private gentleman, and the true attributes of a great surgeon. A steadiness and a boldness of execution are prominent traits in his character as a surgeon. This confidence emanates from the immense opportunities he has had in the practice of his profession. One instance will illustrate the truth of my remark. But a few days before I left Paris, and next to his last visit to my house, he insisted upon my coming to witness some of his operations for the last time ; after which, in walking with him from the Hospital, and in speaking of his frequent performance of certain operations, he stated to me that he had *extracted the cataract more than six thousand times* ; and having just witnessed him perform the lateral section of *lithotomy*, and bestowed upon it my commendation, he added that he ought to be

expert in it, having performed that important operation about *six hundred times*!

"*Velpreau*.—My next interview was with the justly distinguished Velpreau, a surgeon with whom I had long been in correspondence, and whom I felt that I already intimately knew before the pleasure I had of meeting him face to face upon his own element in the noble Hospital of la Charité. No man could have treated a brother more kindly and cordially than he did me. Velpreau ought to be the admiration of every one, for, from the humblest beginning of an uneducated, poor boy, he has, by his own unaided efforts and unflinching ambition, risen to the most distinguished rank in his profession. He is an able operator, an admirable teacher, a profoundly minute anatomist, and by far the most scientific and best-read surgeon I have ever met with. His works, apart from his lectures, give abundant evidence of the truth of this remark.

"*Civiale*.—But the Hospital of Necker must not be forgotten: for here presides the ever-illustrious and unrivalled Civiale, the projector and the author of that greatest of all triumphs for science and humanity, of that master-innovation in the treatment of calculus, the operation of *lithotomy*. How much pain, how much agony, has not this great and good man saved to his fellow creatures! And how perfectly in keeping with his mild and unpretending demeanor, and his benevolent heart, has been the victory he has gained over one of the most afflicting and excruciating torments which it is the lot of mortals to endure. Civiale is, in truth, one of the noblemen of our profession, in all the charities that adorn our nature. In his speciality, of all the men I have ever seen, for delicacy of tact and adroitness of execution, he surpasses. It is utterly impossible for any one to imagine the highly finished style of his manipulations. I have often remarked to the pupils of our country during my residence in Paris, that a visit to Civiale would alone amply compensate them for their journey to France; and that it was worth all the expense to a young man to learn a lesson from him. For it would teach him, above all other things, what apparently almost insurmountable obstacles persevering resolution and matchless skill in the use of instruments can overcome. Happily for the honor of mankind, and for the gratitude of those who owe to him their exemption from the anguish of a distressing and excruciating malady, he has been richly rewarded for his noble discovery, and amassed a fortune which is not exceeded by that of any of his brethren in the French capital.

"*Broussais*.—Immediately following his death, a bronze statue of this eminent physician, of the size of life, was cast by order of the Institute. I saw it at the foundry. He is seated in the chair of his library; his noble form, of Roman-like grandeur, stern as he looked—erect and commanding. Under one foot, prostrate in the dust, lie the ponderous tomes of Hoffman, Boerhaave, Van Swieten and Cullen, occupying the position in which his doctrines placed these justly-revered fathers of medicine, who for him had lived and labored in vain. In his right hand were seen the volumes of his own dear system of physiological medicine. Alas, what presumption! Great as was the merit of Broussais, is it not consummate weakness, pride and folly, to have falsely represented him

thus, as having annihilated, by one stroke of the pen, such treasures of wisdom and of practical experience, of laborious research and profound acumen, as are scattered like pearls and diamonds through the pages of these immortal authors?

"*Baron Larrey*.—At the age of almost *fourscore*, this veteran in surgery, having survived a *hundred campaigns*, reposes upon his laurels in his favorite capital. Did ever any man, in ancient or modern times, witness one-tenth or one-hundredth part of the bloody scenes of battle that he has participated in? What surgeon has ever looked upon and been in the midst of such awful carnage? From the burning sands of Egypt, to the frozen snows of Russia, and the final close of the drama at Waterloo, he was ever by the side of his beloved chieftain.

"He told me on one occasion—for I may with pride say that I enjoyed the intimacy of this great surgeon, whom Napoleon, in his will and elsewhere, often speaks of as 'the best of men'—that for twenty years of his life he slept, it may be said, on the same straw, and was wrapped in the same cloak, with his great master.

"I very much question whether any man since the days of Ambrose Paré, ever enjoyed the confidence and esteem of the whole army as much as Larrey. This I myself have witnessed again and again in his walks through the Hospital of the celebrated Invalides at Paris, of which he was Surgeon-in-chief. It was delightful to behold the almost religious veneration with which his old companions in arms received and welcomed him as he passed from bed to bed. The eyes of these decrepit warriors would glisten with joy at his approach; and if sad from suffering, he would cheer their drooping spirits by recounting to them some memorable victory in which they had both participated. I have heard him sound in their ears the magic words, Lodi! Marengo! Austerlitz! and Mont Tabor! and the effect was electric and wonderful. It was like the neighing of the war-horse at the sound of the trumpet. Can this be wondered at, when they saw in the person of Larrey the very form and figure—the counterfeit presentment—of their great captain; and when they saw and knew too, that the favorite *tri-cornered chapeau* which Larrey wore on his head as he walked from ward to ward, was that identical hat, made for and worn by Napoleon himself, and by him presented to Larrey, because, as Napoleon delicately remarked, it seemed to fit him best. This incident of the present of the hat was related to me by Baron Larrey on one occasion, when I was accompanying him through the Invalides, when he pleasantly transferred the hat from his own head to mine, and added that *that* hat Napoleon had worn.

"As an illustration of his immense experience, he told me that he amputated *fourteen arms* at the *shoulder-joint* the morning after the battle of Wagram, and that he performed more than *two hundred amputations* after the battle of Austerlitz; and persevering in his efforts to relieve the wounded soldiers, his knife fell powerless from his exhausted hand.

"*M. Seutin*.—Netherlands has produced men of great merit in our profession; among whom I must be permitted to name M. Seutin, the author of the new system of healing fractures, now much adopted in that country and in France, denominated '*La Bandage Immobile*,' or

'*L'Appareil Amidonnée*,' so called from the starch or *dextrine* with which the bandages are saturated, forming, when they and the successive layers of pasteboard are dry, an *immoveable* encasement to the limb, as much so as if it were enclosed in a dried paste envelope of plaster of Paris. An admirable contribution to practical surgery under many circumstances.

"We had the happiness of knowing the author, and of being shown by him every step of the process, and of hearing his proofs and arguments in favor of it. As is natural to an inventor, he is perhaps more enthusiastic in its favor than many who listen to and witness his illustrations. Many surgeons, with great justice, will object to the immediate application of this apparatus at the moment of fracture, and of this number we profess ourselves to be, from a fear of the perfectly inelastic character of the *appareil*, and the natural tendency we all know there is to vesications and excoriations when a recent fracture is too tightly bandaged, and the heat thereby is made to accumulate.

"From instances which I have known of severe inflammation caused by this practice, extending frightfully through the limb, and from suppurations permanently impairing the functions of motion, I would advise great circumspection in the use of it immediately after a fracture.

* * * * *

"But unquestionably, after the inflammatory symptoms have subsided, this process adds vastly to the comfort of the patient, and abridges greatly the irksomeness of confinement.

"Seutin, however, stoutly maintains that an important part of the efficacy of his method consists in its immediate application after an injury. He cited to me examples of attempts made to depreciate his practice, in which the application was delayed for a number of days instead of being used instantly, as he insists it should have been.

"In army practice, where soldiers are to be transported, and in civil life also, under such circumstances, Seutin's method will be in every point of view justified.

"As for ourselves, we admire the simplicity, the everything surgical, in the admirable dressings of the *modern father of military surgery*, Baron Larrey.

"His flat and cylindrical cushions of rolled-up straw sewed in common linen cloth, composed thus of materials accessible on all occasions, and which are placed longitudinally next to the limb and beneath the splints, forming with the latter an open framework around it, have an advantage over all other dressings, by their elasticity, coolness and cleanliness, and at the same time giving an opportunity for the limb to be daily examined.

"This simple and cheap apparatus is, in fact, an imitation of Nature herself in the adjustment of the action of the long muscles, by which their antagonist powers, in an unfractured healthy limb, exert, like so many levers, a proper equipoise of extension and flexion in preserving the bones in a correct position upon their hinges or joints.

"*Hospitals in Vienna*.—There is an immense civil general hospital connected with this school, and it is, in my opinion, the best regulated, the most perfectly neat and admirably ventilated, and the most practically

useful in all its arrangements, of any establishment of the kind in any part of the world. They have adopted a practice there deserving of imitation everywhere. It consists in placing at the head of the bed of every patient a *label*, with a brief history of the case, and all the prescriptions which are addressed to the malady. This gives great facility to the student, and to all professional persons who visit the hospital, thereby enabling each not only to see the name of the disease and the method of treatment pursued, but sparing also the patient from the annoyance of harassing interrogatories, one of the greatest evils to the sick in public institutions. We trust this practice will sooner or later be universally adopted.

"The hospital, including the ophthalmic department, is composed of no less than *twelve spacious quadrangles*, and accommodates about *four thousand* patients, which will give you some idea of its astonishing magnitude.

"Yet, besides this, there is a large *military* hospital, with a rich, extensive, and most beautiful museum, altogether furnishing, with the *civil* establishment, unsurpassed opportunities for professional instruction, and made admirably and usefully tributary to the University, one of the most flourishing in Europe.

"Though this University is not distinguished for the promulgation of any particular doctrines in medicine, nor for having struck out any new path in operative surgery, the professors nevertheless are eminent in their respective branches; and though they have, for the most part, not wandered far out of the usual routine of practice, still their course has been *pari passu* with the great improvements of the day; and as an evidence of the reputation they enjoy, they attract to the capital from six to eight hundred pupils annually.

"Among others of our profession at Vienna who are ably endeavoring to advance the reputation of sound medical science on the only secure basis upon which it can march, that of practical experience at the bedside, and in autopsic examinations, we must, before concluding our visit to this capital, not omit to mention Professor Rokitansky and Dr. Akoda. The former (Rokitansky), professor of pathological anatomy, availing himself of the wide field of inquiry which his position gives him, has, after years of the closest and most diligent application, recently published a work, than which none was more wanted by the profession; and which, being a faithful description of what he himself saw in more than *twelve thousand dead bodies*, and a well-digested theory of the greater number of morbid processes, which he has minutely traced throughout their stages, will form a most invaluable accession to pathology and therapeutics. Akoda, now *Primarius* in the General Hospital of Vienna, has, after a number of years of the most laborious application to the subject of percussion and auscultation, brought out a great work on those modes of applying the principles of acoustics to the illustration of pathological phenomena, which will probably give it the precedence over all others. It is founded wholly on his own observations on the living subject, confirmed by numerous post-mortem examinations. Akoda believes that he has succeeded in reconciling nearly all the phenomena of

respiration, circulation, &c., with the laws of physics as observed in inanimate matter. I am gratified in being able to announce that my friend, Dr. Arthur Fisher, an American physician, now abroad, is engaged in translating both the above works into the English language."

Such are a few sketches taken at random from the pages of the work. They will suffice to show that our commendation is not unmerited. We trust that the amiable author may live many years, and shed additional lustre upon the science which he has done so much to honor and improve.

L.

ENURESIS—A CASE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As pathologists attribute the origin of this troublesome disease to different causes, I have drawn up the following particulars of a case which came within my observation, for publication, provided you think them worthy.

Miss Emeline Wilcox, aged 15 years, of tolerable good health, and rather of a sanguine temperament, was attacked with *enuresis*, free from any pain, but with a sense of weakness in the lower extremities. The power of retention was much diminished when walking, or in a standing position. Six months after the commencement of these difficulties, she became subject to severe lancinating pains, at times, in the lumbar region and vicinity. From this time the urine exhibited a muco-purulent character, which continued till her demise, which took place the 5th of January last. At times the maxillary glands would become very much enlarged, exhibiting a scrofulous appearance, and then would approximate to their former condition. For the last six months she had a hacking cough, but it was at no time severe; nor was expectoration as profuse as would be expected from the abnormal appearance of the lungs. The treatment in the first part of the disease was such as is generally practised in enuresis—viz., blisters to the lumbar region, tinct. cantharides, balsam copaiva, tonics, &c. The treatment in the last part I am not able to give, as it has been mostly empirical.

The body was examined twelve hours after death, by Drs. C. Spencer, J. Crowley and L. W. Guernsey. The following are the pathological appearances, as given me by my preceptor, L. W. Guernsey, not being present myself.

Right lobe of the lungs studded with tubercles, and mostly in a state of suppuration. Left lobe filled with tubercles, but not in so general a state of suppuration as the right. Heart and liver exhibited their normal appearances, excepting some adhesions of the liver. Mesentery tuberculous. Kidney and ureter on the left side natural. Kidney on the right side diminished in size, and completely filled with pus, some of which had escaped among the pelvic viscera. Ureter enlarged to the size of a man's little finger. On removing the bladder and cutting into it, the parietes were found thickened to nearly half an inch, and to the eye it was capable of holding not more than three ounces of fluid; it contained a quantity of scrofulous pus, and its mucous coat was almost

entirely destroyed by ulceration. Uterus and its appendages natural. The stomach, near its cardiac orifice, presented a perforation, caused by an ulcer of sufficient size to emit its contents; otherwise it appeared natural. Head not examined.

As no calculi were detected in the bladder or kidneys, which is to most pathologists the grand nucleus of their theory respecting the cause of this malady, I have thought that it is oftener the consequence of renal mischief, whether there are calculi or not, than is imagined; and the affection of the lungs, &c. is only (as in my opinion was the fact in this case) a secondary trouble originating from an inflamed state of the membranes, which are well known to be very intimately connected. There is no doubt but the proximate cause of incontinence can sometimes be discovered to be some fault in the assimilatory organs employed in converting alimentary substances into the proper animal fluids; but it is oftener owing to some primary excitement, a morbid action originating and seated in the kidneys themselves.

LEVI ALDRICH.

Shrewsbury, Vt., February, 1842.

ON MUCO-PURULENT SECRETION OF THE ANTRUM MAXILLARE.

BY S. P. HULLIHEN, WHEELING, VA.

THIS somewhat rare but painful disease is, doubtless, the result of a morbid secretion of the membrane lining the antrum maxillare. It is evidently constitutional in its nature, and probably of a scrofulous character.

Like most diseases of a constitutional diathesis, it appears to be always more or less mild or malignant, just in proportion as the constitutional taint or predisposition is strong in the patient; and this must serve to explain the great difference in the severity of the disease in different patients.

Among the first indications of the disease is a slight inflammation in the pituitary membrane, and differing only from a common cold in being almost exclusively confined to one nostril. As the inflammation progresses, the nostril, in consequence of a thickening of its membrane, closes; the tonsil of that side becomes enlarged; the eye always filled with tears, and a yellow watery discharge is almost continually flowing from the nose on the affected side. The length of time the disease is assuming this stage differs very widely in different cases.

The second stage is marked by a slight fetid muco-purulent discharge from the nostril, which in severe cases is of a very thick consistence: The yellow watery discharge still continues, but generally not so frequent as the purulent form. The thickening of the pituitary membrane gradually subsides, the nostril opens, and in this situation the disease remains for a shorter or longer period, until the antrum, which is scarcely ever suspected of being involved in the disease, becomes filled with an altered secretion from its lining membrane.

If then the disease is mild in its form, a pain of neuralgic character will probably be felt over the eye for some time. Then a slight uneasiness in the antrum, and often a sensation of fulness on that side of the

face. The discharge from the nostril will be sometimes watery, sometimes glairy, always very fetid, excoriating the nostril and blocking it up with troublesome incrustations. The disease is not unfrequently mistaken for ozoena, and may occasionally remain in the situation just described several years before the walls of the antrum give way, and the true nature of the disease is revealed.

But where the disease is more malignant in its nature, in addition to the symptoms that accompany the milder form, a sensation of great weight or pressure will be felt in the antrum; after which a dull deep-seated pain supervenes; which is followed by an acute pain darting into the ear, through the temple and scalp, and over the eye in the direction of the frontal sinus. The eye waters incessantly; a thin sanious discharge is constantly passing from the nose. The cheek begins to project, the teeth to protrude from their sockets, the walls of the antrum at last give way, and a dark-colored secretion, very thick and fetid, of a slimy consistence, begins to escape through the opening. This generally takes place during the first year of the disease.

Now, in the first stage of this disease, it is evident from the thickening of the pituitary membrane, that the duct between the antrum and nose becomes closed, and judging from the state of this membrane in the second stage, it is likewise evident that the duct re-opens before the antrum becomes filled with an altered secretion. The bursting then of this cavity from an accumulation of secretion within it, does not appear to proceed from the closure of this natural opening, but must be attributed to the character of the secretion itself. In the milder forms of the disease, the secretion being thin, it doubtless is discharged freely through the duct. But in the more malignant, the secretion is of such a consistency as to prevent the possibility of its free escape through such an opening; its accumulation is therefore inevitable, and the bursting of the antrum is the consequence. The state of the teeth appears to have no agency whatever in producing this disease. Where it is most mild, the teeth are sometimes much decayed; and where it is most malignant, they are frequently sound. The apparent soundness of the teeth alone, however, is far from always indicating the true character of a disease in the antrum. A tooth may be apparently free from disease, and yet from the absorption of the gum and alveolus, the fangs may be so much exposed, and the nerve so much irritated from extreme degrees of heat and cold, as to induce inflammation in its internal membrane, and finally suppuration, and an abscess may be the result.

Treatment of Muco-purulent Secretion of the Antrum.—The character of the disease now under consideration, requires both local and constitutional treatment.

On the milder form of the disease a perforation into the antrum, after the manner laid down in the first stage of abscess of this cavity, may be performed. But where the walls have already given way, and where the disease is malignant, the opening should be made with reference to the state of the bony parietes of the antrum, which are generally more or less carious.

Where the bones are but slightly involved, the opening should be made

to embrace if possible all the diseased portion; but where the caries is too extensive for this, the opening may be made of such dimensions as will enable the operator to examine fully the extent of the disease, and to remove with certainty all loose and diseased portions of bone.

After this the patient may be directed to syringe the antrum twice a day with a solution of the chloride of lime, which may be occasionally changed for a solution of the muriated tincture of iron, of lunar caustic or sulphate of zinc. The washes should be very weak at first, and gradually increased in strength until their effects are sensibly felt in the antrum for some time after each washing.

The patient will be now likewise ready for the constitutional treatment, and may be delivered over to a physician to be treated after the manner of other constitutional diseases of a similar nature. If this be neglected, the local treatment may, it is true, often have the effect of gradually diminishing the discharge, and sometimes of checking it entirely for a time, until some derangement in the general health of the patient occurs, and then a renewed discharge from the antrum will most probably ensue. The condition of the general system must be first changed before a cure of this disease can with certainty be effected.—*American Journal of Dental Science.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 16, 1842.

THE STOMACH-PUMP.

THE tube of this instrument is to be introduced in the same manner as the œsophagus bougie. It is usual to place a gag in the patient's mouth, having a hole for the tube to pass through, in order that it may not be compressed by the teeth. Before pumping out the contents of the stomach, one or two pints of water should be injected into it, and care should be taken *not to withdraw quite as much* as was injected. More water should then be thrown in, and the process should be repeated till it returns colorless.

The stomach-pump is by no means so universally efficacious as is popularly supposed. It ought only to be employed in those cases of poisoning by opium, or alcohol, or other narcotics, in which the stomach and nervous system are rendered so insensible that vomiting cannot be excited. For in the first place, the operation is not free from danger. It is a well-established fact, that a tube may sometimes be passed into the trachea of a sensible person without creating any peculiar sensation, or exciting cough; but if the patient be insensible, that accident will be much more liable to happen. In fact, a case is on record in which a meddling surgeon, with more zeal than knowledge, did actually pass the tube down the trachea, and injected the lungs with chalk-mixture, which he had far better have permitted his luckless patient to have swallowed quietly; and Sir C. Bell tells us that he has seen on dissec-

tion both lungs filled with broth, which was intended to have been injected into the stomach. Again, it is known that in one case the mucous membrane of the stomach was sucked into the holes of the pipe, and torn into strips—a thing likely to happen if the stomach is pumped too empty. Besides, this artificial evacuation of the stomach is by no means so efficacious as free vomiting, assisted by plenty of diluents. Lumps of arsenic were left in the stomach in the very case just cited, in which the mucous membrane was torn. But yet surgeons have been reprimanded by attorney-coroners, and respectable juries, for not using this instrument, even in cases in which it must have been either useless or injurious. These are the fruits of permitting the office of coroner to be filled by men who have no knowledge of the subjects that they are required to sit in judgment on.

[The above is copied from the 374th page of Druitt's Surgeon's Vade Mecum—an admirable English book of reference, which we regret no publisher has yet ventured to re-publish in this country. Only a few copies of the last London edition have been on sale in Boston, and it is presumed to be quite as scarce in the cities at the South and West. Those who have once examined into its various merits, speak of it in terms of unqualified praise—and we cannot but hope that some enterprising bookseller will soon put it to press.]

*Lectures to Ladies on Anatomy and Physiology.**—Mrs. Gove, the spirited authoress of this work, is extensively known in all our principal cities as a popular lecturer on the sciences upon which she has now written. Her object has been to instruct her own sex in the great laws of life, by explaining their delicate organization, and the abuses of the age in regard to customs which enfeeble them in youth and shorten their days. A consciousness of being the herald of truth, together with a cogent method of addressing her fair auditors, have undoubtedly contributed to her success in the sphere to which her benevolent labors have thus far been confined. All liberal-minded medical men have given countenance to her efforts, because they saw a need of reformation, and there was nothing objectionable or indelicate for one woman to tell another those important facts which men study with a view to ameliorating their sufferings and promoting their health and longevity. An examination of these published lectures convinces us that Mrs. Gove's power lies chiefly in oral efforts, and that in writing she is less forcible, and therefore less interesting, than when speaking out, untrammelled, from the full fountain of a kind heart. That Mrs. G. has fortified her mind by extensive physiological study, is obvious; and there is merit of a high order in having achieved so much under circumstances the most discouraging, as we understand, in her personal history.

As a matter of principle, we were disposed to like the book, even before its character had been investigated, because the object was praiseworthy, and we entertained a respect for the motives that prompted the authoress to strike out this bold course in a country where ladies have been too negligent of the laws of health, and sometimes apparently proud of being profoundly ignorant of the mechanism of themselves. Anatomy is a delightful and elevating study; and if it is necessary for man to

* *Lectures to Ladies on Anatomy and Physiology*, by Mrs. Mary G. Gove. Boston: Saxton & Pierce. 12mo., p. 300. 1842.

know its first principles, it can be no less important to females. In saying this, however, we beg not to have any one suspect that we advocate skeletons in village schools, or dissections at tea-parties. Useful knowledge becomes a woman, let it embrace whatever department it may.

But to return to the consideration of the book: it disappoints our expectations in two or three respects, and to prevent a recurrence of its faults in any future edition, we point them out to Mrs. Gove, not to wound her feelings or to humble her ambition, but solely to show that she deserves more commendation than she will get, and to assure her that she need not borrow light, so long as she has a fountain within herself. In the first place, she quotes too much from those who are altogether her inferiors in knowledge. Again, Mr. Graham is the idol of her adoration—a most unlucky predilection. The age of calf-worship has happily passed away. One or two years of thought will convince Mrs. Gove that it is poor policy to engage a passage in a sinking ship. Of all the great farces of the day in which vulgar minds have been made the tools of charlatans and prating mountebanks, the Graham dietetic philosophy is the most grossly absurd; and doubly so, from the unblushing impudence, officiousness, and offensive self-esteem of its propagator. It may gain Mrs. G. the applause of some whom she cannot very highly respect, in thus flattering the over-weening vanity of her magnus Apollo; yet in the end it will operate against both her influence and her prospects.

Having expressed unreservedly just what we feel, we will conclude by saying that we wish Mrs. G. success in every undertaking in which the happiness of our race is concerned. As it might be thought ungallant not to urge our friends to patronize the work, we do so very cordially.

Dr. Handy's Valedictory Address.—This was delivered before the Baltimore College of Dental Surgery, at its second Annual Commencement, February 18th, 1842, by W. R. Handy, M.D., Professor of Anatomy and Physiology. The discourse was well-timed, appropriate, and creditable to the intelligence, learning and literary acumen of the author. We have known enough of the reputation of Dr. Handy for a long while to expect him abundantly able to do credit to himself or to any institution with which he may be associated, on an occasion like the one that has been productive of the address before us. That he is a man of sound discretion, is inferred from the fact that he actually closed when he got to the end: in other words, he stopped when there was no more to be said. One of the lamentable evils of public lectures, and popular addresses, is their interminable length. The doctor's motto, *patientia, perseverentia, et vincit omnia*, is strongly recommended to the craft in general, beyond the precincts of the Baltimore College.

First Principles of Medicine.—Messrs. Lea & Blanchard have furnished the medical public with an American edition of this celebrated production by Archibald Billing, M.D., &c., in a large octavo form of 304 pages, which recommends itself in appearance to the intelligent physician. We have not yet had time for a thorough examination. In the mean while, copies may be had at Mr. Ticknor's, Washington street—one of the principal depots in Boston for medical books.

Dr. Mott's Book of Travels.—Some praise, and more abuse, this book; but till a copy is placed at the disposal of the Journal, we shall of course be wholly unable to judge of the merits of a work that seems to invite severe criticism from all kinds of periodicals.

Berkshire Medical District.—At a meeting of the Fellows of the Massachusetts Medical Society, residing in the County of Berkshire, for the purpose of re-organizing the Berkshire District Medical Society, it was voted, "That we now proceed to re-organize this District Medical Society," and the following gentlemen were elected officers: Dr. Wm. H. Tyler, *President*. Dr. Royal Fowler, *Vice President*. Dr. Robert Worthington, *Secretary*. Dr. Millen Sabin, *Treasurer, Librarian and Cabinet Keeper*.

A New American Speculum Ani. MR. EDITOR,—It is with no small degree of satisfaction, that we announce to the medical profession, through the medium of your valuable Medical Journal, that Dr. J. T. Pitney, of Auburn, New York, has invented two surgical instruments, which he has denominated "The Forceps—Speculum Ani, with its accompanying Levator."

The distinguished surgeons whose names are given below, have expressed themselves thus in regard to it: "In our opinion, these instruments are altogether superior to anything of the kind we have ever seen or used, for facility of introduction, expansion, and exposing to view, fissures, ulcers, and other diseases of the anus, and lower part of the rectum—by which, applications to these lesions can readily be made and operations performed. We think every medical gentleman in full practice, would furnish himself with these instruments, if he could see them once used, and compare them with other anal specula. They can be had of William R. Goulding, the maker, in this city, at No. 35½ Chatham street, who will also furnish specific directions for the proper manner of using them.

VALENTINE MOTT, M.D.

New York City, Nov. 25th, 1841.

JOHN C. CHEESMAN, M.D."

DIED.—In South Berwick, Me., Albert Bartlett, M.D., son of Hon. Ezra Bartlett, of Haverhill, N. H., 27.

Number of deaths in Boston for the week ending March 12, 47.—Males, 21; Females, 26. Stillborn, 1.

Of consumption, 4—scarlet fever, 11—dropsy on the brain, 2—infantile, 2—accidental, 2—dropsy, 2—fever, 1—tumor in the bowels, 1—child-bed, 3—apoplexy, 4—hooping cough, 1—typhus fever, 1—fits, 1—teething, 1—lung fever, 3—old age, 2—rupture, 1—rheumatic fever, 1—disease of the heart, 1—smallpox, 1—worms, 1.

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & CO., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—e3wly

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., *Publisher.*

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

JAHR'S NEW MANUAL OF HOMŒOPATHIC PRACTICE.

OTIS CLAPP, 12 School street (up stairs), has just received the above-named work, in two vols., edited, with annotations, by Dr. Hull, of New York. Vol. 1 contains the *Materia Medica*, and Vol. 2 the *Repertory of Homœopathic Symptomatology*, with Clinical Remarks. These volumes contain over 1400 pages, and their use is indispensable to the Homœopathic practitioner. Price \$3 per volume, paper covers; \$1 50, bound. Also just published, *Jahr's new Pharmacopœia of Homœopathic Medicine* translated by Dr. Kitchen, Philadelphia. Price \$3.

Also for sale, the following Homœopathic works, viz.: Hahnemann's *Organon*, \$2; Ruoff's *Repertory*, \$2; Curie's *Practice*; do. *Principles*; do. *Domestic Practice*, \$1; Dunsford's *Remedies*, \$3; Jean's *Practice*, \$3; Hartmann on Homœopathic Remedies, \$1; Broacke's *Diseases of the Alimentary Canal*, \$0.50; Herring's *Domestic Physician*, \$2. Pamphlets on Homœopathy by Crassier, and Drs. Herring, Eustaphie, McVickar, Greene, Okie, Channing, Des Gudi, &c.

Also for sale, Homœopathic Medicines in cases, both mahogany and morocco, varying in size and price from \$3 50 to \$50, and single remedies. Tinctures, irritations, refined sugar of milk, pure globules, vials, sorks, diet papers, labels, &c.

M 2—f

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocker, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polyus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

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D. 1.—6m

UTERO-ABDOMINAL SUPPORTER.

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Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

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MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of *materia medica* and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8.—septf.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MARCH 23, 1842.

No. 7.

INSANE ASYLUMS IN THE WEST.

[We have already alluded to a pamphlet on the proper provision for the insane, by Dr. E. Jarvis, of Kentucky. The following are his concluding remarks, in which he sums up whatever is most important to a well-constructed and well-managed insane asylum. They will be read with interest by all who realize the importance of the subject.]

From this examination we are led to the melancholy confession of the want of due provision for the comfort and the cure of the insane sufferers of the western country. In this broad and rich valley, from the lakes to the gulf of Mexico, from the Alleghanies to the Rocky Mountains, embracing a sane population of more than five millions, and a lunatic population of more than four thousand, with no deficiency of wealth, skill, or benevolence, we have but four asylums for the insane; and these could not contain a tithe of all who might be subjected to their influence, and not a fourth of those who could be benefited by them.

Even these hospitals, however excellent some of them may be, are intended primarily for the poor, and are therefore prepared and conducted in a style necessarily more economical than the richer classes would willingly pay for, or could enjoy with advantage. And our pauper lunatics are sufficiently numerous to exclude all others. To accommodate this unfortunate class, we ought to have public asylums in Indiana, Illinois, Missouri, Arkansas and Mississippi. And besides these we want then another asylum in the West, one of more elegant accommodations than ought to be expected in any State institution. The rich and the luxurious, the refined and the cultivated, are as liable to be bereft of their reason as their less fortunate brethren. There is a manifest propriety in providing for them in their sickness, buildings and comforts somewhat corresponding to what they enjoy in health. And we have no doubt, that an asylum of elegance and convenience, similar to the private institutions in the eastern States, if established near the great navigable thoroughfare of the western country, would soon be filled with patients, and do an immense service to society, and save many valuable citizens from irretrievable loss.

We want a hospital, in the West, to be planned and constructed, furnished and administered, according to the best ideas of the present age. From its very inception to its final operation nothing should be overlooked or spared, that could directly or indirectly bear upon the comfort or the cure of the insane. Such an asylum should be situated near

to the great thoroughfare of the West, near to the Ohio or the Mississippi river, for the convenient access of patients. "The situation chosen should be healthy. It should possess the advantage of a dry cultivated soil, and an ample supply of water; it should be so far in the country as to have an unpolluted atmosphere, a retired and peaceful neighborhood, and yet be so near a town as to enjoy all the comforts and privileges, and intercourse, which can only be obtained in large communities." Their daily wants can be better supplied, and the objects of interest can be much more easily and readily varied in the vicinity of a good market-town, than in the midst of a sparse population.

The location should not be a dead, flat surface, nor in the midst of tame scenery. But "if the buildings be placed on the summit or the slope of a rising ground, the advantages are incalculable." "To some the beauty of wood and water, hill and dale, convey grateful impressions." "To all a succession of new, and varied, and healthy impressions must be imparted." There should be a large farm connected with the establishment, for cultivation, walks, and other means of exercise, and also for the convenient distribution of the buildings. That acute observer of the means and arrangements of various institutions for the treatment of insanity, and their effects upon this disease—Louis Dwight, the Secretary of the Prison Discipline Society—says, there ought to be an acre of ground to a patient. Even twice this quantity would not be too much. For such an asylum as we propose, which would accommodate one hundred and fifty patients, three hundred acres would be useful for the purposes of agricultural labor, and other exercises, and for the location of the houses, shops, &c., necessary for the establishment.

The architectural arrangement and distribution of the buildings is of consequence both for the classification and for the facility of management of the patients. The usual, approved plan of the American asylums includes large centre buildings, and wings running from this to the right and left, and backward, proportioned to the wants of the institution. All the offices, dormitories and other apartments are under one roof. The asylum at Columbus, Ohio, one of the latest and best, is built upon this plan, and is copied from the excellent institution at Worcester, Mass.

Esquirol prefers separate and low buildings. He says, that after having devoted ten years to reflection upon this subject; having personally examined all the French asylums, and the plans of many in other countries, and watched the effect of the one under his care, and the Salpêtrière, he has come to the conclusion that a lunatic asylum should not be in a city. But it should be on extensive grounds with an eastern exposure. The land should not be wet, yet well supplied with water. He prefers that there should be a centre building of one story, for the officers and their families. This should include the medical and receiving rooms, and apartments for sitting, eating, sleeping, &c. On the one side of this centre building, and running backward from it in a perpendicular direction, should be placed the houses for the patients. These should be separate structures, and sufficiently nume-

rous for the classification of the patients according to the various kinds and periods of their malady. The maniacs which are furious, and those which are not mischievous; the melancholics who are noisy, and the quiet; the fatuitous, and the filthy; the epileptics, and those with other diseases, and the convalescent—these several classes should each have distinct habitations, entirely separated from each other. These dwellings should be of various styles of architecture, for monotony is wearisome to the lunatic as well as to the sane, and variety in this matter is one means of occupying the attention of the insane. They should be of only one story, for the greater convenience of watching and serving the patients, and to prevent the danger of accidents incident to upper rooms and stairways, and for the readier access of the inmates to the yard. These houses should be built each with an interior quadrangular court, and include the sleeping-rooms, and the common parlors, eating-rooms, halls, offices, baths, for their respective classes of occupants. These houses will of course be built of material and in manner suited to the patients that will occupy them. The violent will need strong rooms; the filthy will require paved floors; the suicidal will require padded walls, and the convalescent will enjoy light and genteel parlors as men in health.

Browne says, "Modern establishments, instead of presenting an interminable succession of wards and corridors under one roof, generally consist of a number of separate houses, in which the patients are distributed according to their dispositions and the features and stage of their disease."

Dr. Allen, the proprietor and manager of a private asylum at High Beach, Norfolkshire, England, says—"I would have not only two establishments, but these sufficiently separated so as to prevent annoyance; and not only this separation, but I would have one to consist of a male and female part, sufficiently separated from each other. This arrangement I have at my own establishments, which consist of Fair-Mead House, and Leopard's Hill Lodge, for males, and Springfield for females, with appendages and separate cottages. With two establishments, we can adopt a better and more complete classification." And in all cases the habitations for "the noisy should be placed at a distance from the quiet patients, so as not to disturb them by their noise."

A plan of a very convenient asylum was devised by Dr. Lee, and published in the Prison Discipline Society's Reports for 1837. This consists of a centre building and many short lateral wings—all parallel with the front, but each retreating so far as to allow its central passage way to open at each end into the open air.

To build such an asylum, with habitations, separated, isolated, and multiplied according to the kinds and stages of insanity in one hundred and fifty lunatics, would require at least three hundred acres of land. But this is not all. "A hospital building is but one item necessary for the successful management of the insane. In every possible case they should be employed. Riding, amusements, games, walks, and reading, are all useful, and the means for them all should be amply

provided. But labor is the very best employment, and the only one that can be long continued without satiety. Provide fields, gardens and workshops for labor, and a chapel for religious worship on the Sabbath, and you will show to the insane what you consider them capable of doing and enjoying; and they, in return, will show by their industry, sobriety, and self-control, that they properly appreciate your confidence, and are grateful for your efforts to promote their happiness." What these other means of occupation, labor and amusement are, we have described in our account of the best hospitals, in this and the preceding article on this subject. A chapel, and means for religious exercises, are now found to be among the most important influences for the restoration of the reason. In no condition does the human mind approach its highest perfection so nearly as when in the act of worship of the Father of all Light and Truth.

Having provided liberally and faithfully the material of the asylum, it next behoves us to inquire—who should administer these and manage the insane? We have before spoken of the character of the officers and attendants as they are found in the most successful institutions in our country. In those, they are men and women of the healthiest minds, and of the highest mental and moral discipline, and so numerous that one can give his whole attention to four or five patients, and if the case requires it, he may devote himself exclusively to one; for the grand secret, in the cure of insanity, is the power of sanity over it—the influence of the correct mind and heart over the disordered.

First, the asylum must have a physician for its superintendent, who shall give his entire and undivided attention and companionship to the patients. This is indispensable. Browne says—"The opinion was, and perhaps still is, prevalent, that if a building of suitable dimensions and security were provided, and if medical advisers occasionally saw the inmates, all was done for the insane that could be expected or that could be useful. Every day's experience shows, that these provisions are utterly inadequate to the end proposed—if that end be recovery, and not the confinement of the insane." But there must be a physician ever present, and he well qualified for his station. He must be a man of skill, self-devotion and industry. He should be firm and courageous, yet of placid temper; and the gentlest manners. He must have a quick apprehension to discern the disposition and disorder of his patients, and tact to manage them. He must be benevolent towards man, and have a strong love for the particular branch of the profession which he assumes. "The basis of such a character must be dispositions truly Christian," and "there must exist a benevolent kindness, which shall be so deep and expansive, as not merely to feel sympathy for the lunatic because he is an alien to his kind, because he is visited with the heaviest and hardest affliction which humanity can bear and live, but feel an interest in those unreal, artificial, and self-created miseries, with which the distracted spirit is oppressed. And this kindness will be as solicitous to alleviate suffering, where it is absurd, and the result of violence and perversity

of temper, as where it flows from misfortune. There must be a benevolence which will be prepared to make the lunatic a companion and a friend." The physician must associate with him on terms of reciprocal confidence, and mutual forbearance, of fellow feeling and rational counsel. He must forget that an awful but not an impassable gulf of obliterated requirements, numbed or lethargic emotions, and darkened reason, separates him from the maniac, but regard only the faculties they yet have in common, and make these the ground-work of their intercourse. "There must be that benevolence which will imitate the mercy of Him, who in curing the broken and bewildered spirit of the demono-maniac, 'took him by the hand and lifted him up.' But this gentleness must be controlled. The merely benevolent physician can never be a good practitioner." Such a one may be too indulgent, and while he is yielding to the tender impulses of his heart, and gratifying the temporary and capricious wants of his patients, he may be indulging vicious propensities, and encouraging and feeding those very delusions that are the cause of the derangement. "There must be mingled with this sentiment of benevolence that highly refined sense of duty, and that keen perception of right, which guides even kindness and affection in their ministrations, and which holds the balance as scrupulously in deciding on the moral rights of lunatics, as in determining the civil rights of our fellow citizens." The curator of the insane must have "that moral and physical courage and firmness, which confer calmness and decision in the midst of danger and in dealing with the most furious and unlistening madness, and which imbues the whole character with a controlling influence, that, with mercy and justice, governs the turbulent, while it appears to guide them; and commands the most wild and ferocious, by the sternness, and, at the same time, by the serenity of its orders, showing neither timidity nor anger. The intellectual qualifications for such a trust are high and varied. They must comprehend a familiarity with the true and practical philosophy of the human mind, in order that its diseases may be understood and controlled, and a general acquaintance with the usages and workings of society; with the habits, pursuits, opinions and prejudices of different classes; with literature and science, so far as they contribute to the instruction, amusement or happiness of these classes; with everything, in short, that can be rendered influential in what may be called adult education, in the management or modification of character, in order that as great a number of moral means of cure, of restraining, persuading, and engaging the darkened and disordered mind, may be created as possible. And finally, there must be as liberal a professional education as long study and observation can accomplish;" so as to readily understand the causes of insanity, and the influence of the physiological state of the animal system over its duration or intensity, and the power of medicine, and of other moral and physical agents over either of these. "Such a physician is not a mere drug exhibitor," but he is a man of high principle and benevolence—of philosophy and practical wisdom. To such a man ought the whole establishment to be submitted for his

care and faithful administration. This is the case with almost all the American, English, Prussian, Austrian, and many French Asylums, and is found to be best for the management of the insane.

Lastly, comes the provision of suitable stewards, officers, attendants, nurses and servants. These should have all the moral qualifications, and many of the mental accomplishments, which we deem necessary for the superintending physician. This must, in no case, be overlooked, throughout the whole corps of attendants. From the head, to the lowest cook, sound minds, correct morals and gentle manners must prevail, and if possible, all of these should be trained to their employment before being entirely trusted with the care or service of the insane.

With such provisions of lands, buildings, and other materials—with such officers and assistants—with religious service, and light and laborious occupation of mind and body—a hospital might be of immense utility in this Valley. And surely there is, within this wide reach of territory, and among these five millions of inhabitants, intelligence enough to appreciate such an institution, benevolence enough to desire it, and wealth sufficient to create it and put it into successful operation.

SURGEON-GENERAL'S REPORT.

[THE following extract from a Report of the Surgeon-general of the U. S. Army to the Secretary of War, dated Nov. 10, 1840, which has been kindly sent to us, has not, it is believed, been before published entire.]

The number of cases of indisposition which have been under treatment by the medical officers of the army, and private physicians employed in the service of the United States, during the twelve months between the 30th of September, 1839, and the 1st of October, 1840, was 29,076; 28,167 of which occurred within the past year, 909 being cases that remained of the preceding year.

Of the whole number of persons reported sick, 27,514 have been restored to duty, 215 have been discharged the service, 33 have deserted, and 254 have died; leaving, on the 30th of September, 1840, 1,060 still on the sick report.

From the monthly returns and other reports, the mean strength of the army for the last year is estimated at 10,116, and as the number reported sick during the year was 29,076, and the aggregate of deaths was 254, it will appear that the proportion of cases of indisposition to the number of men in service was as 1 to 28-10, or 280 per cent.; the ratio of deaths to the number of men, 1 to 397-8, or $2\frac{1}{2}$ per cent.; and the proportion of deaths to the number of cases treated, as 1 to 114 $\frac{1}{2}$, or a fraction less than 1 per cent.

Upon comparing the sick reports from the different sections of country, we find that the greatest number of cases of indisposition, and the greatest amount of mortality, have, as heretofore, occurred among the troops serving at the southwestern posts; while the least amount of sickness and

the smallest number of deaths, comparatively, have occurred at the military posts of the northwestern sections of our country.

Of the posts occupied by troops during the last year, Forts Gibson and Wayne, on the southwestern ; Forts Crawford and Detroit, on the northwestern ; and Poinsett Barracks and Madison Barracks, on the northern frontier, were the most unhealthy in their respective sections of country. Hancock Barracks, in Maine (the only eastern post occupied by a large body of troops), is always healthy. And the army in Florida has, during the last year, comparatively speaking, suffered less from disease, and lost fewer men by natural causes, than the troops on the southwestern stations, or those located at Detroit, Poinsett Barracks, and Madison Barracks.

The unusual amount of sickness and of mortality at Madison Barracks, Poinsett Barracks, and at Detroit, may be attributed, in a measure, to the location of the troops within, or in the immediate vicinage of, Sackett's Harbor, Buffalo and Detroit. Troops are always more sickly, and their diseases generally more malignant, when brought into temptation, and placed within the reach of the dissipation of a town.

Of all the military posts, however, which have been occupied by troops for several years past, Forts Gibson and Wayne, in the State of Arkansas, are decidedly the most sickly.

Fort Gibson, in particular, is an exceedingly unhealthy position ; it has not only given a greater number of deaths, but, I believe, has invalidated more men, for the last ten years, than any other military station in the United States. This post is situated in the immediate vicinity, and on the northwestern side of the rivers Arkansas, Verdigris and Neosho ; and as the prevailing winds during the summer season come from the south and southwest, it is to leeward, and consequently on the wrong side of those rivers, and an immense tract of low land, intersected with lakes, lagoons, &c., near the confluence of the streams.

Comfortable quarters and good police, as a general rule, contribute greatly to the preservation of health in the army. Here, however, the best accommodations and the soundest discipline can avail but little in maintaining the health of the troops ; it is manifestly an improper position (the decision of a late board of officers to the contrary notwithstanding) ; and should be abandoned, if a better spot can be found within twenty miles around, before the permanent barracks are erected. While the Government, on the one hand, can, in times of difficulty and of peril to the country, rightfully exact of the officer and the private all that man can accomplish, the soldier, on the other hand, has a right to expect from the Government, in time of peace and of rest, protection, as far as it is compatible with the nature of the service, against the invisible enemy—that most destructive foe to all armies, malarial disease.

A healthy position (or the less sickly point in an unfriendly clime) is worth more to a military body than a dozen physicians. Troops, to be efficient, must be kept healthy. One hundred men in good health, and sound in spirits, are better than a thousand dispirited, dissatisfied invalids, either to give chase or battle to the Indians.

In connection with this subject, I beg leave to give here a transcript of

my report on a former occasion, touching the matter of our frontier line of defence, &c.

"If the troops must be located on the north side of the Arkansas, and near their present position, the best place is on a ridge of ground called Menard Mountain, from four to six miles from Grand river, and about the same distance from the Arkansas, and on the road leading to Fort Smith. A more desirable position, however, I think may be found on the south side of the Arkansas, at Frozen rock, two or three miles below the mouth of the Neosho, and perhaps another ten or twelve miles lower down on the Arkansas river.

"In looking for a place for a military station on our inland frontier, the same rules cannot be properly adopted that would govern us in locating troops on the Atlantic, or other sections of country exposed to foreign invasion or the assaults of a civilized enemy. In selecting a site for a military station within the reach of a civilized enemy, the first object in view should be military position—that is, the capabilities of the place for defence, while it would control a pass through the mountains or other direct line of march, or command the entrance into a river, bay, &c. In locating troops in the interior of the country, however, where our business is not to control the navigation of the rivers, or the passes up and down the country, but to watch the Indians, and be ready to protect the frontier settlers, the first object to be considered is the healthfulness of the position; the second may be facilities of transportation; and the last, military position, or the defensibilities of the place. Any location immediately on or near the general line of defence will be in position to protect the frontier settlements; and the place may be easily made defensible against the Indians, whether in a prairie, in the pine woods, or in a cane-brake and marsh on the bank of a river. As, then, it is known, from dire experience, that almost every site in the south and southwestern country, immediately in the vicinity of water courses and marshes, is unhealthy, we are free to say that the troops employed in that country should not be located on the leeward side of rivers and marshes, or immediately in the vicinity of either side of the marsh and low lands."

This business of establishing an inland chain of defences is a matter of importance to the nation; the country along the trace should be thoroughly explored, and the sites understandingly selected, before commencing the cordon of posts; otherwise, we shall go on to commit blunder upon blunder, and erect permanent forts and costly barracks at places which may ere long have to be, in obedience to the calls of humanity, abandoned by the troops.

In obedience to the law of Congress, and in accordance with the regulations of the Department, three medical officers, to whom letters of appointment as surgeons had been issued in advance, and three assistant surgeons of five years' standing, were ordered to present themselves for examination before a medical board, which had convened for the purpose at Fort Brooks, Florida, in November of last year. These officers having been, after a thorough examination into their professional attainments, moral habits, and physical qualities, approved by the board, the first three were sustained in their advanced position, and the last three rendered le-

gally qualified for promotion. Before this board, a candidate for the appointment of assistant surgeon was also examined; and, having been found qualified for the station, he was immediately appointed to fill a vacancy in the Department.

A large number of applications for appointment to the medical staff having been subsequently received, a medical board was assembled in May last, at Philadelphia, for the examination of the candidates. Of forty persons who were invited to appear before the board, twenty declined or failed to present themselves for examination, one was over the age prescribed by the regulations, and nineteen were examined; and of these last, nine were approved and reported for appointment. Upon an examination before this board, also, an assistant surgeon was found to be, with other qualities, a proficient in all the branches of medical science, and was accordingly passed for promotion.

On this occasion, as will be perceived, the number of well-qualified candidates who presented themselves for admission into the medical staff of the army was relatively greater than hitherto—a result the more gratifying, as it assures us of the salutary influence of our system of examinations upon the aspirants to office; while it leads to the belief that, hereafter, a full proportion of the élite of the profession will always be found ready to give themselves up to their country's service.

The officers of the medical department have, as usual, participated largely in the toils and the dangers of the field. They have shared with their brethren in arms any privation and hardship incident to a conflict with a savage enemy, and many of them have suffered greatly in health; yet they have, very generally, unflinchingly maintained their position on the theatre of war.

The Army Meteorological Register, adverted to in my last annual report, has been already printed, and copies of it will be immediately furnished to the medical officers of the army, and others who feel an interest in the subject and desire to read the work. The Vital Statistics of the Army are yet in the press, but will, in a short time, be also ready for distribution.

The medical board appointed, under your instructions, to inquire into the relative advantages of Pittsburg and Wheeling, and of the intermediate ground, as the site for a marine hospital on the Upper Ohio, entered upon the duties assigned them in July, during the low stage of water in the river (the most favorable period for a reconnoissance of the country), and, having fulfilled all the objects of their mission by the 7th of September, closed their proceedings, and made their final report in the case, herewith transmitted.

In the course of their examinations, the board searched after facts and information from every practicable source, and thoroughly investigated every circumstance any wise connected with the subject of inquiry, and have eventually accumulated a mass of testimony which cannot fail to elucidate every doubtful point or matter of controversy. The ground having been now thrice gone over, and every circumstance of doubt and of difficulty three times discussed, the arguments may be considered as exhausted, and the matter at issue in readiness for a final decision. And as

the Commission which has collected and condensed the facts and prepared the statement of the case, and the Executive who has to act in the premises, can have no feeling other than for the good of those for whom the bounty of Government was specially intended, and no object in view other than to carry out the beneficent designs of Congress, it is to be hoped that the determination, whatever it may be, will meet the cheerful acquiescence of all concerned.

All which is respectfully submitted.

(Signed)

THO. LAWSON, *Surgeon-general.*

OBSERVATIONS ON TRAUMATIC TETANUS.

BY JAMES B. THOMPSON, A.B., M.D.

It is a peculiarity in this disease, well worthy of notice, in a practical point of view, that it does not present itself at the early inflammatory, suppurative, or sloughing stages of a wound or injury, but more frequently at a very remote period, when the part injured may have healed over, and when the surgeon may have considered his patient as convalescent—or if an hospital patient, may be about to discharge him or her. In illustration of this peculiarity in tetanus, I may be permitted to add the following case.

A young man, about 19 years of age, of nervous temperament, but otherwise of good general health, received, while in the act of grooming a horse, a kick in the left knee; the cork of the shoe laid open the capsule of the knee-joint, and lacerated the integuments. Severe inflammatory symptoms supervened, but by active antiphlogistic remedies, and attention to the general constitution, these acute symptoms were subdued, and the wound was healed over in about the fifth week, when it was thought desirable to recommend the patient to go into the country for the benefit of his general health. But just the day but one previous to his intended departure, he complained of being unwell, and rather restless for the few nights before. He now complained of stiffness in the neck, and from this period all the symptoms of traumatic tetanus began to present themselves. He got anodynes with morphia at night. I prefer the muriate of morphia in these cases. Mercury was used by friction, along the spine, the inside of the thighs, and in the axillæ, with small and frequently-repeated doses of calomel with opium, to prevent its passing off by the bowels, besides its own sedative effect: camphor mixture, with the aromatic spirits of ammonia, occasionally. This treatment was pursued for some ten or twelve days, when the tetanic tendency seemed gradually to disappear. The patient was discharged quite convalescent in about a week after all medicines had ceased to be given. He did not seem to suffer any inconvenience from the active treatment pursued, as some surgeons seem to suppose such patients always do.

The period at which this affection generally presents itself, varies from a few days to ten, fifteen and twenty-one days, and from four to six weeks, or even to remoter periods. However, I am disposed to look rather favorably on a case going beyond the third week: at least I am

inclined to think that the remoter the period the more mild and modified will be the attack—indeed rarely fatal, if actively treated, at first.

As to the causes of this disease, there are a great variety, and some are of a very trivial character. It has been known to occur in a negro from the lash of a whip. Pieces of glass, wood, nails, pins, &c., sticking in the hands or soles of the feet, or under the finger or toe-nails, have produced this affection. The more aggravated exciting causes are, vicissitudes of temperature, injuries or lacerations of nervous or tendinous structures, punctured wounds, irritating substances in the stomach and intestinal canal.

I have seen tetanus in a modified form in a lunatic, proving that affections of the mind predispose to this disease. I have also seen it in persons where the autopsies proved that abnormal depositions, or growths of a bony or cartilaginous structure, gave rise to this affection, particularly when these foreign bodies (if I may be allowed to call them so), by their presence and consequent pressure on the brain and spinal marrow, operated, no doubt, as a proximate cause in the production of the modified tetanic symptoms which exhibited themselves during the life-time of these patients. As to the mode of treatment, it no doubt must vary according to the circumstances of the case, and the previous history of the patient. It is advisable to remove as early as possible the obvious exciting cause; next to this, I believe that the treatment pursued in the preceding case will be found to be the most generally resorted to, and from what I have seen or read has been found to have been the most successful. Tobacco enemata are recommended, and may no doubt be found useful; but as for the cold bath, or douche, I have seen it prejudicial, and it is always unpleasant to the patient.

Our object should be to allay the generally-excited state of the brain and nervous system; and in carrying this view into effect, we must often commence by exciting, as it were, a new and powerful action, as if to supersede the primary or diseased one. This is, I apprehend, the view with which mercury, tobacco, musk, camphor and opium, with other active antispasmodics, are so generally recommended. In cases of punctured wounds producing this disease, it is desirable to dilate freely the original injury or puncture; and in cases arising from any local irritation, no time should be lost in severing the communication with the brain and part engaged, as if to arrest the progress of this disease.

As to the use of stimulating or antispasmodic liniments or applications, I have never seen, even in extensive hospital practice, in civil or military departments, any beneficial results; I would rather be inclined to look upon them as worse than useless: for while the surgeon may be getting these ready for use, he might in my mind be much better employed in attending to more salutary and sure remedies, and to what are known to be attended with much more efficacious and successful results, to persons who have suffered from, and had been the subjects of tetanus in any form.

—*London Lancet.*

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, MARCH 24, 1842.

FIRST PRINCIPLES OF MEDICINE.*

As might have been expected, the medical press has bestowed the warmest praise on the labors of Dr. Billing. His forte consists in explaining the rationale of the action of medicine, and he has cultivated this spot in the domain of medical philosophy very successfully, since all agree that he is an instructive writer, and one who eminently enlarges our sphere of thought. With some, his analytical mode of reasoning will certainly shake their confidence in many articles of the *materia medica*, and in pharmaceutical compounds which have heretofore been regarded in the aspect of indispensable instruments in the hands of the practitioner. Thus, in reference to Dover's powder, that old, but highly-prized combination of good things, we are taught by Dr. B. that it is no great affair after all—for it acts “as a simple narcotic.” It must be a rare case in which “a narcotic, neither sedative nor stimulant, is required”—and such a case is precisely where Dover's powders come into play—that is, no play at all; for if there are neither sedative nor stimulant effects produced, there must be a perfect inertia.

To pass over some incongruities in the work, for we cannot otherwise regard them, there are multiplied evidences of extensive research into the mysteries of medicine, that make many crooked paths straight. Dr. Billing's mechanical explanation of the specific action of narcotics, will have admirers amongst a people who have a large development of the organ of constructiveness. The following refers to a condition of the limbs which every one has experienced, but which few understand:—“If,” says the author, “the arm be laid across the back of a chair, or be otherwise compressed in one place, the hand becomes what is called asleep, from pressure on the nerves; sensation and voluntary action are lost; or if not quite lost, much diminished; *pins and needles*—a pricking sensation—being felt. The sensation of a limb being asleep, arises from the pressure interrupting the conducting power of the nerves, by pushing the medullary matter out of a part of them. If the medullary matter be but slightly separated, the nervous influence is passed like the sparks of electricity, causing the pricking; but if the gap or space be too great, no sensation whatever is transmitted. If the arm be rubbed so as to press back the medullary matter, the *pins and needles* are felt as it begins to meet.”

Take it all in all, the *First Principles of Medicine* is a book worth having. Its power consists in presenting old objects of familiar aspect, in new positions, and in quickening the mind in searching for medical truth.

Dr. Bell's Report.—The vigilant Superintendent of the McLean Asylum for the Insane, located at Charlestown, Mass., has been fortunate in his administration, in giving universal satisfaction, which is no easy

* *First Principles of Medicine.* By Archibald Billing, M.D., &c. &c. First American, from the fourth London edition, revised and improved. Philadelphia: Lea & Blanchard. pp. 304. 1842.

matter in this democratic section of *terra firma*, where many a man shows his independence on a little scale, by finding fault with his betters. Dr. Bell, in his recent report to the Trustees of the Massachusetts General Hospital, strikes out into open sea in the announcement of his own individual opinions. It is impossible to read his paper and not come to the conclusion that some of the craft who take care of lunatics, have ascertained the fact that tricks can be practised in all trades. His report is distinctly characterized by boldness of thought, and a kind of originality in the mode of relating what he knows upon the subject of insanity, that raises him in our estimation. He has learned by experience that great things are not always done by main strength, nor is he so stupid as to grasp a splinter with the iron jaws of an anchor-monger's vice. We could say more than might be prudent, commendatory of this annual report, because it is so much superior to sing-song tabular items that not one in a hundred cares to read. Statistics are good and necessary, but they should be in their appropriate place. We have no room for extracts this week.

Columbia College.—By the appended list of graduates, which has been sent us for publication, it will be seen that the medical school at Washington is exceedingly flourishing. The policy of the institution is to make good surgeons and physicians; the faculty were never ambitious to make a great show on a catalogue. The character and high professional attainments of the professors are known over the whole United States. It is worth the special notice of those about commencing their medical studies, to look particularly into the advantages accruing from matriculating at the city of Washington.

The following young gentlemen received the degree of Doctor of Medicine at the commencement held at the Medical Hall of the Columbian College, Washington City, March 2d, 1842:—Joseph I. Durall, Maryland, thesis on *Inflammation*; I. Allen Tibbets, New Hampshire, on *Menstruation*; Norton Quincy Tirrell, Massachusetts, on *Remedial Uses of External Irritants*; Granville S. Farquhar, Maryland, on *Bilious Fever*; John Alfred Shade, Pennsylvania, on *Miasmata*; James N. Banks, New York, on *Menstruation*; W. H. Willis, Massachusetts, on *Chemistry*; Charles T. Desbrow, New York, on *Cathartics*; John Reed, Maryland, on *Intermittent Fever*; I. F. I. McClery, District of Columbia, on *Fever*; Thomas Mattingly, do., on *Apoplexy*; Warren Parsons, New Hampshire, on *Cynanche Trachealis*; George F. Pitts, Kentucky, on *Mercury*; Johnson Eliot, District of Columbia, on *Humoral Pathology*; Wilfred A. Manning, do., on the *Modus Operandi of Poisons*; Jacob Brown Gardiner, do., on *Opium*; Rufus Baker, Maine, on *Chronic Gastritis*; Charles Whipple, Vermont, on *Chemistry*; James H. Causten, District of Columbia, on *Pneumonia*; Johnson Clark, New Hampshire, on *Diaphoretics*.

College of Physicians and Surgeons, New York.—In acknowledging the receipt of a Catalogue, it would be ungenerous not to express just what we feel in regard to this old Institution, viz., that it has a character which commands the respect of those who have not become so radical as to look with an air of contempt upon anything and everything that differs from their own narrow standard of excellence. Twenty-five degrees were

conferred at the late commencement—an efficient corps, who will herald the fame of the College wherever they go. Students are the best of all advertisements, provided they have been well taught. When the faculty get accustomed to the harness, they will accomplish all that the Regents or the public require of them.

Willoughby University.—A catalogue and circular of the medical department of this University is lying upon the table. There was a fine class assembled in November, who have doubtless been well instructed. In 1840 and 41, seven gentlemen received the degree of Doctor in Medicine. Drs. Bela B. Clark, Medina; N. H. Mantor, Lorain; E. L. Plympton, Lake; and M. C. Saunders, of Huron County, received the honorary degree of Doctor. The Willoughby is a flourishing school of medicine.

Physiological Temperance Society.—In Kentucky, whatever is undertaken by the faculty is generally well done. At the Louisville Medical Institute, a society, with the above name, was organized in December last, which, as a society, is as popular as are the members who took an active lead in its deliberations. Dr. Drake commenced on the 1st of January with a lecture on the objects of the society—which, according to the 3d article of the constitution, are “the suppression of intemperance, the correction of its effects,” &c. We can remember when it was sometimes said of a practitioner—“he is an excellent doctor if called when sober.” The reproach of intemperance can no longer be laid to the door of physicians. They are everywhere the efficient instruments in the great moral revolution now going on. Daniel Drake, M.D. is President, and Thomas Bohannon, M.D., Recording and Corresponding Secretary, of this society.

Mortality in Lowell.—By the politeness of Nathan Allen, M.D., we have been put in possession of the official “statement of deaths, with the diseases and ages, in the city of Lowell, during the year 1841.” The total number of deaths was 450—the population in May, 1840, being 20,981. It occurs to us to remark in this place, that Dr. Allen, whose name is coupled with the foregoing statement, was formerly a resident of Philadelphia, and the acceptable and indefatigable editor of the *Phrenological Journal*, which was conducted, while under his management, with extraordinary ability. Within a few months he has removed to Lowell, where he proposes to establish himself in practice. To an excellent mind, disciplined by extensive reading and reflection, Dr. Allen unites kindness of manner, urbanity and a conscientious regard to the rights of others, which must contribute greatly to his advancement in public estimation in the city of Lowell, whose inhabitants know how to appreciate merit and reward industry. The physicians in Lowell, who have possession of the ground, will never regret the acquisition to their number of one whose whole life, thus far, is worthy of imitation.

Vermont Medical College.—A Medical and Surgical Clinique has been established by the Faculty of the College for all cases of disease, not only surgical but medical. Patients presenting themselves before the class re-

ceive advice and treatment, and in surgical cases, operations, when required, are performed without charge. The prospect of the school, it is said, was never more flattering than at this time. There are now something over sixty in the present class, attending lectures, while others are arriving almost daily.

Medical Miscellany.—The Baltimore Guardian of Health has reached the sixth No., and increases in interest and character.—Accounts are brought of more sickness amongst the troops in China. European constitutions seem to fail under the atmospheric changes of Chusan.—The Thomsonians have now the benefit of law in Michigan, in the collection of debts, and to all intents and purposes, by a recent act of the Legislature, are as much protected, and respected too, as the first surgeons in America.—Fifty-one gentlemen received the degree of M.D. at the University of New York, the other day.—Drs. W. P. C. Barton, J. A. Kearney, Thomas Dillard, W. S. W. Ruschenberger, and Waters Smith, will compose the naval board of examining surgeons, to assemble at Philadelphia on the 4th of April next.—Mr. George Tiemann, 63 Chatham street, New York, manufactures surgical instruments admirably. We have just procured from his establishment an apparatus for injecting the lymphatics with mercury, that is exceedingly admired for its beauty of workmanship, and delicacy of the tubes—the orifices of which are not much larger than the bore of the proboscis of a house-fly.—A new paper, to be called the *Magnét*, is about making its advent in New York, to be edited by the Rev. Le Roy Sunderland, devoted to human physiology, phrenology, physiognomy, pathognomy, and human magnetism!—Some one in the Franklin Messenger, published at St. Albans, Vt., is pouring broadsides into the editor of the *Western Journal of Medicine and Surgery*, because he did not give suitable credit in regard to an article which appeared in the *Journal*.—Dr. Crossman, with a Mr. M. H. McEwen, of Philadelphia, have been held to bail by the Recorder, in the sum of \$10,000 each, to answer the charge of McEwen's wife of a conspiracy to produce an abortion.—Dr. Dana, of this city, lectured last week on animal magnetism.—Ten Assistants, rumor says, are speedily to be promoted, in the Navy, to full Surgeons.—The following books have been lately published in London: *An Essay on Diabetes*, by H. Bell, D.M.P., one of the Librarians of the Faculty of Medicine of Paris. Translated by Alfred Markwick. *On Rheumatism in its various forms, and on the Affections of Internal Organs, more especially the Head and Brain, to which it gives rise*, by Roderick Macleod, M.D. *The Madhouse System*, by Richard Paternoster.

MARRIED.—At Beverly, Dr. S. Stocking, of Boston, to Miss J. J. Wilkinson.—At South Bend, Indiana, D. W. C. Willoughby, M.D., to Miss S. H. Meredith.—At Sing Sing, N. Y., Dr. J. Brinckenhoff, U. S. N., to Miss M. G. Waller.

Number of deaths in Boston for the week ending March 19, 41.—Males, 18; Females, 23. Stillborn, 2. Of consumption, 8—hooping cough, 2—debility, 3—scarlet fever, 4—throat distemper, 1—lung fever, 3—old age, 1—palsy, 1—scrofula, 1—smallpox, 1—infantile, 4—erysipelas, 1—varicella, 1—burn, 2—disease in the knee, 1—child-bed, 1—typhus fever, 1—fits, 1—apoplexy, 1—inflammation of the bowels, 2—disease of the hip, 1.

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 Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.
 Institutes of Medicine, by SAMUEL JACKSON, M.D.
 Materia Medica and Therapeutics, by JOHN BELL, M.D.
 Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.
 Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.
 Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. FOYTSTELL JOHNSTON, M.D.
 January 8th, 1842. M 2-2m W. E. HORNER, Secretary.

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O. 13—eoptf	H. I. BOWDITCH,	G. C. SHATTUCK, JR.
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NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

AT the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

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A. 19

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

TRICHINA SPIRALIS.

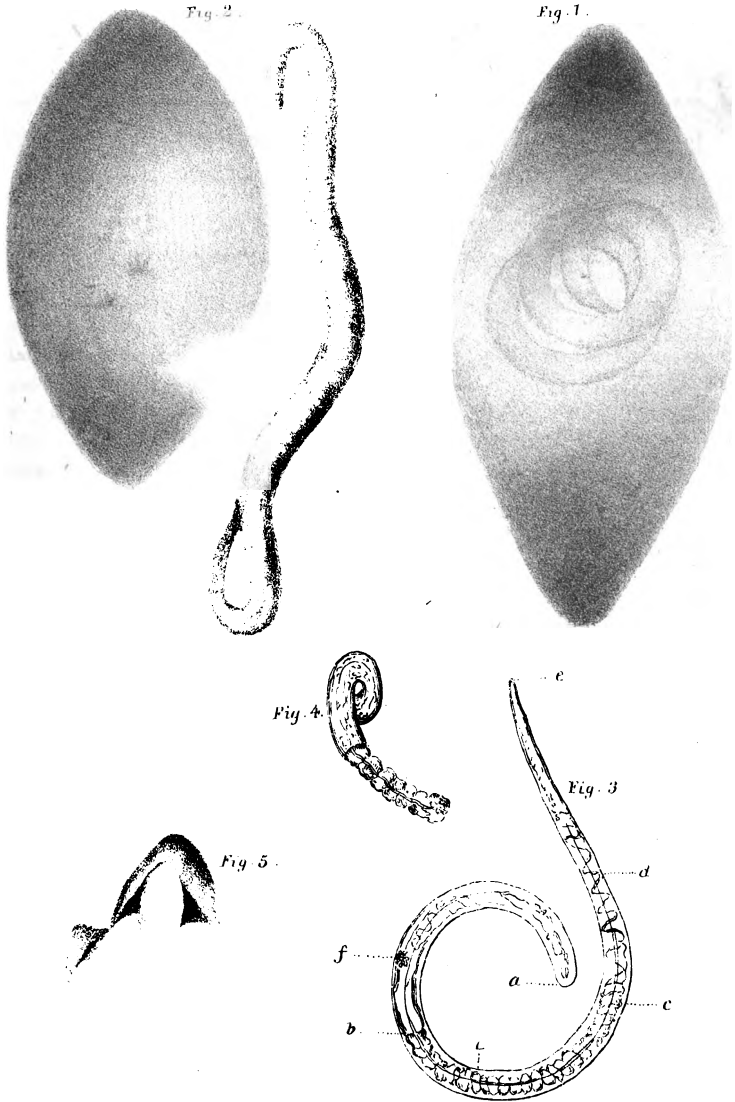


Fig. 1. Cyst containing animalcula.

Fig. 2. Cyst accidentally ruptured and Trichina lying by it.

Fig. 3. Structure of animalcula. a. mouth. b. end of first part of intestine. c. c. sacculated portion, and d. spiral portion of intestine. e. anus.

Fig. 4. Worm cut in halves, sacculated part of intestine protruding.

Fig. 5. Interior cyst or gelatinous mass escaping from exterior.

THE
BOSTON MEDICAL AND SURGICAL
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WEDNESDAY, MARCH 30, 1842.

No. 8.

TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following account of the case E. B., affected with malignant disease of the abdomen, and with parasitic animalculæ (*Trichina Spiralis*), was read before the Boston Society for Medical Improvement. It is compiled from accounts taken by Dr. Perry and Mr. Hall. The autopsy was made by Dr. J. B. S. Jackson, and his notes are subjoined. The microscopic observations are by myself.

Yours truly,

Boston, March 22, 1842.

H. I. BOWDITCH.

E. B., æt. 36, medium size, good form; hair dark-brown; eyes blue; skin light and delicate; muscles well developed originally, though now (December 10, 1841) much emaciated; during last six months, he thinks that he has lost from twenty to thirty pounds in flesh. He was born in Lebanon, York County, Me., where he lived nineteen years, engaged in farming pursuits; the situation of the place being elevated, dry and healthy. He labored hard, and exposed himself to all kinds of weather; was quite irregular in his usual habits, particularly in regard to eating and sleeping; food good and wholesome; clothing sufficient; never used ardent spirits until after arrival in the city; naturally of a nervous, passionate temper; usually very well during this period; no contagious disease, except a slight attack of measles.

At the age of 20, he came to live at Roxbury, near this city, and there he continued his pursuits of farming or gardening for six years, and resided in healthy spots; but he was frequently attacked with "colds," owing, as he thinks, to kneeling upon the ground while engaged in his work—and finally he was obliged to leave and go into the country in consequence of a cough contracted in this manner. At the end of a year he was sufficiently recovered and returned here, where he has resided ever since, except for a short space of time, when he went upon a fishing voyage. He was then 27 years old; and about the middle of September, weather being quite cold, the boat in which he was, was upset. He remained in the water for an hour, and when taken out his extremities were numbed, and his whole frame very much exhausted. He says he swallowed a good deal of water at that time, and thinks he has never been relieved entirely of it, and refers the origin of the tumor in the abdomen (hereafter to be described) to it.

During the subsequent four years he attended at a bar-room or a fruit-cellar in Dock square, and lived in a healthy position at the west end of

the city ; but the cellar was extremely damp, owing to the influx of the tides, so that in the spring, 1836 (æt. 31), the water was at times from six to ten inches deep upon the floor, and after it subsided he used to build large fires that filled the place with the steam of the salt water. Whilst working at this place he produced a hernia by overstraining himself. In the spring of 1836, above alluded to, he was attacked with violent fever, during which he was delirious, and by which he was confined to bed for ten or twelve weeks, and did not wholly recover from its effects for six months. From this period, i. e., from 1836, he has been liable to attacks of colic, which at first occurred annually, but since, they have become more frequent, and during the same time he has had almost constantly pain in the left side and back. For two years (1839-40), was troubled with a "salt rheum" eruption upon skin.

In February, 1841, he removed to the house where he resided at the time of his death ; a miserable abode, so surrounded by other dwellings that the sun never enters it ; but in other respects the hygienic influences exerted upon him were as previously mentioned. A few months afterwards had a violent attack of "bilious colic," which lasted a week, and during this period and for several weeks subsequently he had severe pain in the left iliac region, and immediately after the illness he perceived a small tumor on the same side of the abdomen, about midway between ribs and crista ili. This tumor gradually augmented in size until July 28th, when upon experiencing another attack of colic, Dr. Perry was called. "Upon examination [says Dr. P.] I discovered a tumor in the left hypochondriac region, which, as nearly as I could ascertain, was about three inches in circumference ; it was well defined, hard and immoveable, not tender when pressure was made upon or near it, but it was to this part that he referred his pain during his attacks of 'colic.' He remained in the house a few days, and as he did not recover his strength, I advised him to go into the country. Upon his return, on the 20th of September, I found his health had improved, but the tumor had been rapidly augmenting in size. He had discovered likewise two small tumors above the left clavicle. He had now pain and tenderness in the tumor, and the former was so severe at night that he could not sleep without an opiate. This pain extended sometimes down the left leg and into the back. He experienced, likewise, what he called rheumatic pains in right leg and arms. In walking, he was disposed to favor the left leg.

"On October 25th, I again saw him at his house. The pain was now so severe in his side, and the tumor had increased so rapidly, that he was obliged to keep his room, and for the most part of his time his bed. The tumor extended to the right nearly as far as the *median line*, and below to the spine of ilium. Nearly in centre was a small prominence, which was quite soft, and a portion of the large intestine when distended with gas could be felt running over the tumor."

Mr. Hall, who examined his condition on December 10th, reports as follows :—

"Lying on back, although generally he lies on left side ; countenance pale, indicative of much suffering ; eyes sunken ; much emaciation ; mind clear, but rather excitable ; skin cold and moist ; at times has heat and

dryness of it; pulse, average 80; respiration good, and respiratory organs well, so far as one can judge from external appearance, but I was unable to examine by auscultation, owing to the debility of the patient; appetite tolerable; some thirst." The left half of the abdomen was still more thoroughly occupied by the tumor, which extended from under ribs to symphysis, and from median line around to spine.

From this time until his death the tumor continued to augment still more rapidly. Paralysis of left leg supervened six weeks before death, with no loss of sensitive power; frequent desire for micturition, which was not painful; no vomiting, diarrhoea or cough; no cedema of any part; intellectual faculties remained unimpaired to the last. He took no medicine but laxatives of the simplest kind, and opiates to relieve pain. Death took place January 25, 1842.

In regard to the hereditary tendencies of this patient, there seem to have been none leading to malignant disease. His mother died, aged 62 years, of an acute disease (called fever); his father is still alive, aged 67, subject at times to "*bilious colic*," but otherwise well; none of family, either direct or collateral, are affected as he was.

Autopsy, ten Hours after Death.—Emaciation not extreme; left ankle perhaps swollen; tumor in left side of abdomen very prominent, solid and regular, half filling abdomen not pressing forward the parietes. Tumor in neck perhaps two and a half inches in diameter, and composed of three or four regular, rounded, and pretty distinct masses as if glandular; skin loose that lay over. Muscles presented a very strange and new appearance; myriads of minute whitish bodies very distinct, and, when picked out, feeling rather hard or dense upon the nail. All the voluntary muscles exposed in the dissection were affected—cervical, pectoral, abdominal and crural; several in the cellular membrane between the great pectoral muscle and ribs; the heart was free from them.

Tumor in abdomen situated in cellular membrane, behind the peritoneum. Descending colon passed over its left side; left ureter passed across it, was traced from the opening in the bladder to about the summit of the tumor. Left common and external iliac artery passed across a considerable portion of the tumor, inferiorly and on the right side; the spermatic artery and vein ran across it in their usual direction, situated just below the artery. These vessels and organs were not imbedded, but lay directly on the surface of the tumor, unless perhaps the spermatic vessels superiorly and inferiorly, and upper portion of ureter, which seemed somewhat more intimately united to tumor. The last was filled by a reddish, gelatiniform, malignant matter, which adhered to its inner surface, and the parietes (of the ureter) being soon lost in the great mass of the tumor it was inferred that the tumor consisted of a diseased kidney. Late in the dissection, however, the kidney was found, and connected with it a considerable portion of healthy ureter. It would have been interesting to have ascertained how much of the canal was disorganized, but the parts had been too much cut upon for us to determine this point. It may be inferred that the extent of disorganization was not very great, as so much of the ureter was found in a healthy state, allowance being made for the stretching of a canal across the tumor. From the

opening into the bladder it was of its usual size, and quite healthy till it reached the summit of the tumor, when the morbid deposit was first found adhering to its inner surface, and within less than two inches of this point the parietes of the canal were lost in the tumor. The iliacus internus lay behind or beneath the tumor; psoas magnus not seen. The tumor extended from the left groin nearly to the diaphragm, not dipping into the pelvis, adhered firmly to front and left side of spine (though not passing the median line), so as to require to be dissected away, the adhesions elsewhere being quite easily separated.

Character of the Tumor.—Weight, perhaps, five or six pounds; length twelve and a half inches; breadth and thickness about six; an ovoid, tolerably regular mass, and of a fleshy consistence. There were vessels upon its surface beneath the peritoneum, which are so characteristic of malignant disease, apparently thin dilated veins. On being cut through in every direction, it seemed to consist mainly of an unorganized, dusky, yellowish, soft, loose, fibrinous mass, breaking open in many parts by its own weight, and for the most part more or less colored by dark effused blood, which in some places, though not to any considerable extent, constituted the chief mass of the tumor—there being, however, no very distinct coagulum. From several places a considerable quantity of thick, grumous, dark bloody fluid escaped when the tumor was raised. A very small quantity of encephaloid deposit found in one or two places; no gelatiniform matter nor scirrhus. A sort of cyst invested it anteriorly, which was mistaken for the investing membrane of the kidney, supposing the tumor to be formed by that organ.

Tumor in the neck consisted of an encephaloid deposit, resembling foetal brain with effused blood, but did not extend below the first rib.

State of Organs.—In the lungs, one individual found a diseased mass three or four lines in diameter, of which there was a question between an abscess and an encephaloid deposit; otherwise no trace of encephaloid disease in any of the organs of the thorax or abdomen; no tubercles seen. Heart healthy; foramen ovale closed; stomach and intestines apparently well, but not opened; liver, spleen, right kidney and bladder, healthy. Left kidney not found for some time; it lay behind the tumor, and was much compressed by it; it was perfectly flattened out, pale, but healthy, no trace of encephaloid disease; pelvis and commencement of ureter rather large. Bladder contained $\frac{3}{4}$ ij. or $\frac{3}{4}$ iij. of a dark-red, bloody-looking liquid. Inflammation of left iliac and femoral veins, commencing perhaps about two inches from vena cava; vessels contracted; fibrin in them was somewhat mixed with blood that was dark, having in several places to a considerable extent a decided, and in some parts a *strongly-marked* dark yellow color, like an old apoplectic cavity in the brain. This fibrin separated readily from the parietes where an effort was made to raise it; no pus inside or outside the veins; this inflammation extended two-thirds down the thigh, as far as examined; no arteritis.

I have been thus minute in regard to the previous history of the patient, in order that, if possible, this case may aid in the discovery of the cause of the development of the parasitic animalculæ, concerning which I

beg now to draw your attention. I regret, that we did not examine the other muscles, such as those of the intestines, &c. Circumstances prevented; but as this is the first time, so far as I know, that the *trichina spiralis* has been noticed in this country, the omission perhaps will be pardoned. I shall give first my own results, and afterwards the accounts of the animalcula that have come to us from Europe.

Appearance of the affected Cellular Membrane.—The muscles and cellular membrane underneath them seemed literally covered with myriads of minute white lines, looking at first sight like the ova of the common fly upon decaying animal matter. The bodies seemed to be attached rather to the cellular membrane running among the fibres, than to the muscular tissue itself. They lay parallel to the course of these fibres. They had no motion, and to the naked eye looked like simple lines. I attempted to approximate to the number which probably existed in the body, supposing the other voluntary muscles were as much affected by them as those mentioned above (vide autopsy). I and another individual counted the number contained in a superficies of a quarter of an inch square. Both of us counted many more than fifty. Calling, however, this number the mean for every quarter of an inch over the trunk of the body, and allowing ten layers only (which is a very small number, when we consider that not the thinnest lamina could be removed from a muscle without exposing new specimens of the same morbid phenomena) from the surface to the bones of thorax or peritoneum, we shall have as follows: $50 \times 16 = 800 =$ number contained in a square inch; $800 \times 10 = 8000 =$ number contained in solid mass an inch square and ten layers deep. Supposing the height of the adult trunk to be fifteen inches, and the circumference thirty-two inches, we have as follows: $15 \times 32 \times 800 \times 10 = 3,840,000$, contained in the parietes of the trunk of the body. Supposing (what is still a moderate estimate) that the extremities taken together contain as many more, we have at least 7,680,000 of these minute bodies contained within the skin of this patient. Our wonder augments when we find that each of these bodies contains a minute parasitic animal!

Microscopic Observations.—By the use of one of Chevalier's very excellent achromatic instruments, I observed as follows:—They seemed regular oval-shaped cysts, very translucent in the centre, opaque at both extremities. Upon examining very minutely, something very indefinite and circular was seen lying in the cyst. At first I was disposed to believe that this spiral was an alimentary canal, but subsequent investigation proved otherwise.—(Vide figure 1.) Upon using a higher magnifying power, we saw that while most of the bodies contained evidently a regular rounded worm-like body, others seemed opaque and yet very regular, whilst in one case the cyst had been evidently broken, and the creature had escaped from its interior.—(Vide figure 2.) In one case I observed two animals in one cyst. Dr. Farre has seen three, but this is very rare.

I attempted to learn the dimensions of the cyst. They were as follows:—Length, about one sixtieth part of an inch; breadth, one one hundred and twentieth. Unfortunately I had no micrometer when the figures of the cyst with the animal lying by its side presented themselves.

My examination convinced me that there was a living and moving worm (looking like a lumbricus) contained in a cyst of very delicate texture, and containing besides its living inhabitant a gelatinous mass. It was evidently alive on Saturday evening (patient having died on Tuesday, and the autopsy having been made on Wednesday). Most were very quiet, and but two were seen to move by several observers. At times the whole body stirred, causing an enlargement and diminution of the spiral shape. Usually only one extremity, however, was slightly but very distinctly agitated. When there was most motion, the gelatinous-like substance already mentioned was moved likewise. The length of time that life continued after removal from the body of the patient, seems curious to me. Owen has mentioned* the fact of life having been discovered two weeks after the death of the subject in whom they were found. I watched with great care to see if there was any internal motion of the worm itself, of an intestinal or circulatory nature, but I saw none. One of my assistants thought that he did discover something slight of the kind, but I feared at the time he was in error. I endeavored likewise to decide upon the internal structure, but I was baffled in a great measure. I could see evidently parietes of uniform thickness through whole length of body, and perhaps they were about one tenth as thick as the whole body, while a mass of some regularity filled the interior.

The accompanying drawings (figures 1 and 2) had been made, and many observations instituted upon the animal, when I learned that Mr. Owen, of the Hunterian Museum, had described it under the name of *Trichina Spiralis*, and upon examination I found that my drawings and his were nearly identical in their appearance.

The following is the history of the researches on the nature of the animal, so far as I have been able to learn them. Mr. Owen was the first who accurately described its external appearance and gave it a name. This he did in a communication to the Zoological Society in 1835,† and subsequently under the article "Entozoa."‡ It appears that he and Mr. Paget made contemporaneous examinations, and with equal success. But previously to either communication from Mr. Owen, Mr. Peacock, assistant to Dr. Hodgkin, had made a dry preparation of a sterno-hyoid muscle containing numerous specimens of it,§ but the true nature of the affection was unsuspected. "A short time afterwards, Mr. I. Hilton observed two or three cases at Guy's Hospital, and drew up a good account of its occurrence and of the various appearances presented by the cysts, but the worm remained undiscovered, although microscopic examinations were made by Mr. J. J. Lister. Mr. Hilton prepared a paper|| upon the subject for the London Medical and Chirurgical Society,

* Zoological Transactions, 1835. Todd's Cyclopædia of Anatomy and Physiology, Entozoa. Or Medical Gazette, Vol. XV., p. 125, for analysis of same paper.

† London Medical Gazette, April, 1835. Ibid., December 26, 1835, and Transactions of Zoological Society, Vol. IV.

‡ Todd's Cyclopædia, article above quoted.

§ Hodgkin's Catalogue of Guy's Hospital Museum. Specimen 1361, A.

|| London Medical Gazette, February 2, 1833. This paper gives another curious instance of how near one may come to an important discovery, without, however, recognizing the chief object of interest. Mr. Hilton used the microscope so far as to decide that the cyst was probably entozoa (cysticerci, clustered together, yet he did not see the trichina. The same remark might be made of Mr. Wood's paper.

but its publication was suppressed by the Council." At a later period some specimens occurred at St. Bartholomew's Hospital, which gave origin to Mr. Owen's paper.* Mr. Owen's paper seems to have excited much interest, and a week after the abstract of it was made public, Mr. Wood, of Bristol, published an account of a dissection he made in 1834, and which Mr. W. had been unable to comprehend, until seeing the results of Mr. Owen's examination. The details of the communication confirm most of Mr. Owen's views, except that the animal occurred in an acute disease, and not in chronic complaints as previously.†

Nine months subsequently to this paper, Dr. Farre, upon the appearance of the animal again in another subject at St. Bartholomew's, published a very able and interesting article. In this, besides confirming what had been previously discovered, he gives us more accurate ideas of the internal structure of the animal, and describes the alimentary canal, the ovary, &c.‡ (Figures 3 and 4, fac similes of Dr. Farre's drawings, represent this structure.) Professor Harrison drew the attention of the British Association to the discovery, at the Dublin meeting in 1835.§

In 1836 it was discovered by Dr. Knox, in his dissecting room in Edinburgh, and in the paper he published he mentions that the animal had been noticed in Ireland and France. He, however, confirms merely the results of previous observations in regard to the nature of the animal, though he has some interesting remarks upon the nature of the cyst, &c.|| (Fig. 5.)

In the same year Dr. Hodgkin published a short notice of the worm,¶ and Mr. Curling published notices of two cases.** Finally, Dr. Farre, whom we have already spoken of, gives a very full account of the matter in his article on "Worms found in the Human Body."††

Nature of the Cyst.—The worm is never found except in a cyst, which is transparent in the centre, opaque generally at both extremities; at times, however, one end is like the centre, almost translucent. The ends usually are tapering, and some of them very elongated, usually forming thus an ovoid figure. The cysts are in most cases very numerous, and almost exclusively confined to the voluntary muscles—lying parallel to the direction of the fibres, the large flat muscles being most affected—pectoral, longissimus dorsi, &c. "It is an interesting fact that the muscles infested by the trichina are characterized by the striated appearance of their ultimate fasciculi."‡‡ At first it was supposed that they were exclusively found in the voluntary muscles; but the fact that they have been discovered in the muscles of the ossicula of the ear, &c., proves the reverse. They have never been seen in the heart or muscular fibres of the alimentary canal.

Anatomists vary in their opinions concerning the nature of the cysts.

* Hodgkin's Lectures on Morbid Anatomy of Serous and Mucous Membranes, Vol. I., page 212.

† London Medical Gazette, May 9, 1835.

‡ Ibid., December, 1835.

§ Reports of the Fifth Meeting of the British Association, 1835.

|| Edinburgh Medical and Surgical Journal, Vol. XLVI., p. 86. Vide fig. 5, copied from Dr. Knox's.

¶ Lectures, &c., ut supra.

** London Medical Gazette, February, 1836.

†† Library of Practical Medicine, arranged by Alexander Tweedie. American edition, Vol. on Hemorrhages, &c., p. 369.

‡‡ Todd's Cyclopædia of Anatomy and Physiology. Art. Entozoa.

Mr. Owen believes them to be the result of simple inflammation induced by the presence of the animal. Its rough exterior, and its firm adhesions at both extremities to the cellular structure in the muscles, are some evidences of the truth of this assertion. Dr. Knox does not incline to this opinion, but regards cysts as necessary appendages of the animal. Inside of one, I observed a gelatinous mass that moved with the motions of the animalcula. Mr. Owen says the cyst is laminated, and the innermost layer may be separated entire like another cyst;* but he does not seem to imagine, as Drs. Farre and Knox do, that there are two cysts, an internal and external one. In fact, the former of these two observers regards the investigation of the nature of cysts as more difficult than that of the animalcula itself. Dr. Farre says he has occasionally seen the cysts in what he is disposed to believe their different stages of development—some being small and opaque, containing apparently no worm, but only some granular substance—others larger and split open. The former may be the young cysts; the latter, perhaps, present the last stage of development. Figure 5 presents a fac simile of this inner cyst or gelatinous mass, given by Dr. Knox.† The object as well as the nature of the cyst remains as yet wholly in the dark. It is difficult to separate the inner from the outer; but in recent specimens, by a dexterous use of a cataract needle, this may be accomplished. Mr. Owen makes them measure one fiftieth of an inch in length, one hundredth of an inch in breadth. This measure corresponds very nearly with my own. Though usually soft, or only gritty, at times they become ossified so as to dull the scalpel of the dissector.

Nature of the Animalcula.—When first discovered, it was classed by Owen among the lowest order of the animal creation—viz., in the *parenchymatous* class of Cuvier. No traces of a digestive apparatus were at first discovered. Subsequent investigations have raised the animal into the higher class, viz., *cavitory* of the same author, and *cœlmintha* of Farre.

The animal is filiform, smaller than any other human parasite, being one fiftieth of an inch in length and one seven-hundredth of an inch in diameter; it is rounded, one extremity being smaller than the other, according to Dr. Farre, but according to Mr. Owen obtuse and equally large at both extremities. The truth, as it seems to me, lies between the two—the animal, as I thought, in some specimens, being flattened at one extremity, so that viewed in one direction it would appear very thin, in another quite as large as the other extremity.

Dr. Farre first described an alimentary canal. (Figure 3.) “Commencing from the large end of the worm, *a*, the canal is seen bounded by two slightly irregular lines running parallel to each other, for the distance of rather more than one fifth of the length of the body, where they terminate in a transverse line, *b*, presenting a slight concavity towards the large end, which line I have observed in almost every specimen I have examined. From this point the canal puts on a sacculated appearance, *c, c*, and these sacculi appear as if bound down by a line extending along the surface of the canal in the direction of the axis.

* Todd's Cyclopædia of Anatomy and Physiology, page 14, “Entozoa.”

† Edinburgh Journal, Vol. XLVI., page 86. •

This sacculated appearance becomes gradually lost towards the smaller end, where the part assumes a zig-zag or perhaps a spiral course, *d*, and at length terminates in the small end."* Dr. Farre saw this canal move inside of the animal—and once, in cutting the animal in halves, the sacs were protruded, as is described in figure 4.

Mr. Owen, in the early part of his investigations, discovered an aperture at *a*, which he regards as the mouth. Recently he has seen a small slit at the other extremity, at *e*, which he calls the anus. Drs. Farre and Knox have observed the same. Another feature, first pointed out by Dr. Farre, was a small body, *f*, or a collection of ten or twelve granules about one fifth of the length of the body, from the blunt end, and occupying one half of the diameter of the body. This he considers the ovarium, and it is found very frequently. No nervous system has been discovered.

Finally, Mr. Owen regards the *Trichina* as not a distinct species, but probably the young of some other genus—perhaps a strongylus.

Symptoms produced by the Animal.—Nothing satisfactory has been discovered upon this point. Our patient had a kind of "rheumatic" pains in various parts of his body. In other cases the physicians could discover nothing; and I am by no means disposed to refer such a vague symptom to the presence of the animal in the case actually under our notice. In Mr. Hilton's case there were observed numerous animalculæ, apparently "common lice," upon the head and face of the patient, who was cleanly at his entrance to the hospital, and was not near any one from whom he could have received a new supply. "The hair became matted together, and superficial ulcerations were observed on the integuments of the head. The hair was removed by shaving, but after death, when it was about a quarter of an inch long, another accumulation of lice was found."† Whether these were connected with the *Trichina*, I do not learn.

It is connected with no particular disease, though from the seven cases on record that I have been able to find, it usually occurs in chronic organic disease. It has, however, been found in a man who was killed apparently in perfect health. On this subject, the list of recorded cases may be consulted at the termination of this article.

How is it introduced into the body? On this point we may refer to some of the most common theories and facts relative to the introduction of parasitic animals into *any* part of the system.

1st. Ova are sometimes introduced in connection with food, water, or the more solid articles. The ova, for instance, of the Guinea worm may be received in this way. Dr. Chisholm, in a very interesting paper upon this subject,‡ makes it almost certain that a part of the well-water drunk by the laborers in the island of Grenada contains numerous ova of this parasite. It appears that at one time the worm was apt to be epidemic among the laborers, so that during the months of November, December, January and February, for several years in succession, they

* London Medical Gazette, December 12, 1835, and Library of Practical Medicine, ut supra.

† Ibid., January, 1833.

‡ Edinburgh Medical and Surgical Journal, April, 1815.

were wholly prevented from work. Finally, it was remarked that those alone were diseased who drank of the water of certain wells near the sea shore, that were affected by the tides, they being sunk in a kind of tuf, and only a hundred yards from the salt water. The whites and domestic negroes who used rain water were not affected by the worm. By building tanks for rain water, and by avoiding totally the well water, the worm never returned upon the plantation negroes. The ova in this instance must have been so minute as to be imperceptible to the sight, the water being perfectly transparent, and in taste only a little brackish.

The disease called "botts," in the horse, is caused by the ova of the fly being taken into the stomach from the skin of the animal where they are frequently deposited in great numbers in the form of little white specks.

2d. The cestrus deposits its ova in the skin. The Guinea worm likewise infests the backs of the water-carriers and feet of the pedestrians during the wet season in Bombay, where the soil is of an argillaceous nature. In both of these instances the animal in its perfect form insinuates itself into the skin, the backs being affected in one case from the escape of water from the leathern bottles, and in the other case the feet are attacked in consequence of constant soaking in the water and mud.

3d. There are germs of plants constantly floating invisible in the air. May there not be some ova of animals, in a like minute and volatile shape, which may be received into the body through the respiratory organs, and having found a proper nidus in the muscular apparatus or elsewhere, be there developed. This certainly happens in plants; why not in the case of these minute animals?

4th. The doctrine of equivocal generation might be brought forward. Neither Muller* nor Hodgkin† seem disposed to deny that this may actually take place. In fact, they both lean to the belief that it may at times occur, though neither is disposed to refer to it everything which seems difficult of explanation in the formation of animals. Moreover, direct experiment rather tends to disprove the doctrine.

But to return to the trichina among the seven cases whose records I have seen; none have afforded sufficient details in regard to the hygienic influences to which the patients had been exposed. When I connect our present case with what has been stated in reference to the Guinea worm, it seems more interesting than any previously published. This creature, the Guinea worm, as I have already stated, is brought into the system by water that is drunk, or with which the exterior of the skin happens frequently to be in contact. In the island of Grenada, the sea-water washes into the wells, which are dug in the tuf soil. In Bombay the rainy season produces epidemics of this worm from an *argillaceous* soil. May not the sea-water of this country, acting upon its soil, set free the ontozoic animal now in question? - Is it possible that the ova are in the water itself under certain circumstances? Our patient, it will be remembered, was exposed for an hour to the action of salt water. He has never felt well since. He in fact attributed his "tumor to a part of the

* Elements of Physiology, Baly translation, page 16, Vol. I.

† Lectures, &c., as above, Vol. I., page 217.

water that was never removed from him." However absurd this opinion may seem, it proves one thing, viz., his bad health since that time. For several years he has kept a fruit cellar, in which the salt water has at times been eight or ten inches deep; and after the ebb of the sea, the whole atmosphere has been filled with the steam from the saturated earth, augmented by the large fires that he built in order to keep the place fit for habitation. The animals are scarcely visible to the naked eye. Is it difficult to suppose that the ova may have been wafted upon the vapor? or perhaps some of the trichina may have found their way into the stomach of the patient, when we remember that he probably drank water that may have been somewhat deteriorated by exposure in his cellar.

But after all, this is a mere hypothesis. It may be said that thousands of fishermen are equally exposed, and few are affected. In answer, I would state that I throw this out as a suggestion for future observers, and not as an explanation. Moreover, I would remark that probably the reason that the parasite is not found oftener, is owing to our want of care in post-mortem examinations. The question, however, of how the animal got into the patient's body, is yet, and I fear may continue to be, wrapped in darkness; but I thought the Society would feel interested in the subject, as, to say the least, it is new. Only a few specimens of the animalcule have been found in Great Britain, fewer still on the European Continent. I think this is the first time it has been seen in America, and therefore it is worthy of our attention. If my suggestion in regard to the introduction into the system in the present instance seems untenable, all that can be said is that it shares the fate of many other more ingenious *apparent* solutions of difficult problems.

I subjoin a list of the recorded cases that I have been able to find, together with a few hints as to the best method of examining the animal; and I quit the subject with the wish that it should be watched for more carefully, and if found, the previous history of the patient, and the results of post-mortem examinations, should be accurately detailed.

Number of Recorded Cases.

Mr. Hilton,	Lon. Med. Gaz.	Jan. 1833,	Cancer penis,	æt. 70,	male.
" Wood,	" "	May, 1835,	Rheumatism,	" 22,	"
" Owen,	" "	Dec. 1835,	Tubercles,	" 50,	"
" Owen,	" "	Dec. 1835,	Ulcer,		female.
" Curling,	" "	Feb. 1836,	Good Health,		male.
" " "	" "	Feb. 1836,	Aneurism,		"
" Knox,	Edin. Med. Jour.	July, 1836,	Diarrhœa,	" 65,	female.

Method of examining the Animal.—Cut a very thin slice of the affected muscle, and place it on a piece of glass; stretch until it is translucent, then compress still farther with a piece of talc. In this way, with a microscope of little power, you will see very distinctly the cyst. To examine the structure of the *animalcula*, more care is requisite. You will isolate a cyst, and with a delicate cataract needle you may cut open one end of it, and by pressing a little on the other the worm will come out, either alone or enveloped in the gelatinous mass surrounding it. Straighten

it by means of two needle-points, and you may then examine its structure, and for this a very powerful instrument is needed. I have preserved some specimens by drying and varnishing a very thin lamina of muscle.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 30, 1842.

MEDICAL INHALATION.*

WE have been favored by Messrs. Otis, Broaders & Co., with a copy of a tidy-looking 12mo., which, by some untoward circumstance, has been three months on the way from Philadelphia. The author, Dr. Edward Jenner Coxé, enters very heartily into the matter of medical inhalation, as a curative process in various diseases of the respiratory organs.

It would be no difficult undertaking to produce ample authority for anything a man may propose to do; so that the opinions of Rush, Scudamore, Eberle, Mudge, Crichton, Thomas, Corrigan, Ramadge, and others, only prove the truth of the assertion, that great men may be found, in every department of life, to sanction any absurdity as well as great and important truths. Aside, however, from such collateral testimony as Dr. Coxé has brought to sustain himself in the propositions he has advanced, we have such entire respect for his own individual honesty of purpose, scientific accuracy, and professional benevolence of character, that his own statements need no bolstering from other hands to recommend them to our favorable notice.

We concede, in the first place, that Dr. Coxé has made out a fair case; if he were a lawyer, we should feel bound to add that he has done it with marked ingenuity. But inhalation will not always arrest the destructive march of a disease of the lungs. The combined observation of ages has hardly made us acquainted with palliatives enough here at the North, to make the consumptive comfortable during his melancholy progress to the grave. If, however, one patient is restored by any method suggested by Dr. Coxé, he should be hailed as a benefactor. With commendable industry, he has collected the scattered observations of eminent medical writers, and concentrated them in this little crucible of a treatise—where the practitioner may see the whole chart of all that is known upon the value of this mode of medication. People who are predisposed to lung complaints, would have much satisfaction in the perusal of Dr. Coxé's collection of cases, and it is on this account recommended to their attention. On the medical profession, the book is not calculated for making a deep impression; although it will doubtless be viewed in the light of a respectable performance from a sincere well-wisher to the human race.

State Lunatic Hospital.—Dr. Woodward's ninth annual report has been on the table several days, and might have been alluded to, perhaps,

* A Practical Treatise on Medical Inhalation, with numerous cases, demonstrating the curative powers of the local application of various remedies in bronchitis, consumption, and other diseases of the respiratory organs. By Edward Jenner Coxé, M.D. Philadelphia: J. Dobson. 12mo., pp. 108. 1841.

earlier; but there is so much satisfaction in reading whatever comes from his pen, that it is difficult to forbear a deliberate perusal of the whole of it, undisturbed by the customary habit of marking particular passages for future reference. The medical superintendent of the Massachusetts Lunatic Hospital stands at the head of all writers on insanity, in North America. The mass of information he has collected, to be published, it is hoped, in connection with that which has already been given to the public, will constitute a splendid series of important facts, of unquestionable utility to those who are pursuing or who may pursue the same branch of study.

An intimation is given in this legislative document, that this is the last year of Dr. W.'s official connection with the institution. This is sad intelligence to the numerous friends of the hospital. He is so much of a philosopher as to have discovered, beyond doubt, that if he were separate from the Institution, and were to seat himself in an arm-chair at the summit of Mount Holyoke, if the community were not absolutely forbidden to consult him, he could command six times the pecuniary income he now receives from the Commonwealth. If a man of the right sort of talent happen to be in the public service in our day, he is almost invariably compelled to leave it, or have the prospect of an old age of poverty staring him in the face. If the public would have good servants, and keep them, they must be paid enough to sustain them respectably. Dr. Woodward never had an adequate compensation, and the result will probably be that some second-rate man will become his successor. This is plain talking, but it is nevertheless true, in our humble apprehension. Dr. W. has raised the Lunatic Hospital to the character of a model school, where nearly all the medical managers of similar institutions that have grown into being within the last dozen years, were taught those principles on which all prosperous lunatic asylums are conducted; and while we as one of the people regret that necessity obliges him to go from a place that has become distinguished in connection with his name, we are also glad that his knowledge will still be available.

With respect to the literary qualities of this ninth report, it fully equals any that have gone before: it breathes a philanthropic spirit, and plainly shows that, in the author's opinion, the moral management of the insane calls for all the 'patience, fortitude and benevolence of a Christian, and the skill of a physician. The diseases of the mind are not learned by feeling the pulse, nor mental aberrations corrected by a dose of calomel and jalap.

State of Medicine in America.—The president of the Medical Society of the State of New York, John B. Beck, M.D., in February last, on the annual meeting of the body over which he presides, delivered an "Historical Sketch of the State of American Medicine before the Revolution." This was an unexplored field, in which the learned author has displayed the characteristic powers of an active mind. It matters not on what subject this gentleman, or his equally distinguished brother, Dr. T. Romeyn Beck, exert their intellectual energies, the result is, always creditable to them. Such is the fact in regard to this inquiry into the condition of past times. He seems to be just as familiar with all the old physicians, who were here and there scattered over the Union

before the memorable revolutionary struggle, as he is with his next-door neighbors. With but few published documents, of utility in conducting an historical inquiry of this kind, it is surprising how so many important links in the chain of medical progression could have been found. But it is all in type, and those who read it will feel, as we do, that something has been rescued from approaching oblivion that was necessary for the completion of the history of medical science in America.

Medical Science in Kentucky.—Statistical returns of the condition of the Lexington and Louisville medical schools for the present year, are found in various publications from Kentucky. At Louisville there were 263 students; and at Lexington, says the *Observer and Reporter*, 271—making a total of 534, of whom 110 received the degree of Doctor of Medicine. The Louisville Institute graduated 53, and the other College 57. Both institutions are represented to be decidedly flourishing—and the friends of each seem perfectly satisfied with the prospects before them. This is certainly gratifying, and cannot fail of having a happy influence on the medical character of that extensive region of country, of which Kentucky claims to be the medical centre.

Medical College of Georgia.—Familiar as we are with the name of this College, it has been a long time since any of our old correspondents have found it convenient to remember us with any of its transactions or statistics, till Dr. Ramsey, of Bookersville, kindly sent Professor Mean's introductory address, at the opening of the session in Nov. 1841. We like the motto, *better late than never*. The fact is, this pamphlet is a perennial flower, that will always be in bloom, redounding at all seasons to the honor of a class that drew a precious gem from the professional casket. Professor Means is in the chair of Chemistry—a grand field for a man of genius.

Practising Medicine in the State of New York.—The law on this subject is as follows: "No person coming from another country, shall practise physic or surgery in this State, until he shall have been examined and licensed by the Censors of the State Medical Society; and no person coming from another State shall practise physic or surgery in this State until he shall file a copy of his diploma in the office of the Clerk of the County where he resides—and until he shall have exhibited to the medical society of that county, satisfactory testimonials of his qualifications, or shall have been examined and approved by its Censors.

Copying Medical Papers.—Our learned and venerable friend, Joseph A. Gallup, M.D., of Woodstock, Vt., has sent us an elaborately written article, characterized by his usual power, that seems strangely to have crept into a newspaper before it was possible to put it in type for the *Journal*. The manuscript, carefully prepared, is before us—and yet copies of the *Vermont Mercury*, containing the same article, are pouring in upon us with the respects of one friend and another, each of whom wisely thought it would gratify the editor to be put in early possession of a medical memoir of such authority. Thus we are completely anticipated. We

have the manuscript, and all the world has the printed thing itself. Now what are we to do? It is not usual for scientific periodicals to transcribe articles in detail from newspapers. With these explanations, we must at least defer the publication of the article for the present.

Raymond's Fracture Apparatus.—This instrument seems destined to win its way into general favor with surgeons as well as patients. If the naval surgeons would take out half a dozen in each ship, they would find them, we think, superior to any contrivance now extant for counter-extension. Since receiving the opinion of a surgeon who has a fractured thigh under his care, secured by this excellent device, we feel authorized to speak of it more warmly than on any former occasion.

Apparatus for injecting the Lymphatics.—It is a matter of surprise that this necessary anatomical machine is not manufactured by any of the ingenious mechanics of Boston. In the whole city of New York, but just one could be procured on sale. If students are ever to be good anatomists, they must have the requisite tools. Minute anatomy is not studied closely enough at present. An hour or two spent in dissecting a few muscles, is not the way to become accurately acquainted with the obscure points in that most essential of all departments to the beginner.

Animalcula in the Human Body.—The special attention of the reader is directed to a communication in this day's Journal, from our neighbor Dr. Bowditch, which cannot fail to excite the astonishment of those who love to study the phenomena of organic life. The illustrations accompanying the article have been executed on stone, in a superior manner, at an expense we rarely feel justified in making; but we trust it will be a conclusive evidence of a desire to go to the extent of our humble means in serving the interests of the patrons of this Journal.

McLean Asylum for the Insane.—Number of patients Jan. 1, 1841, 126; received during the year, 157; whole number under care, 283. Discharged during the year (including 11 died), 141; remaining at the end of the year, 142. Of those discharged, 75 are classed as recovered.

TO CORRESPONDENTS.—Dr. Hyde's cases of fracture of the skull, and other communications, have been received, and will meet with early attention.

MARRIED.—At Louisville, Ky., Dr. Charles Caldwell, Professor in the Medical Institute, to Mrs. Mary Barton, late of Philadelphia.—Dr. Robert Gilfillan, of White Lake, Michigan, to Miss Agnes D. Voorhis, of Pontiac.

DIED.—In North Carolina, Dr. Thomas Prince Hintop, 30.—At New Orleans, Dr. Samuel Avery, 37, formerly of Lyme, Conn.

Number of deaths in Boston for the week ending March 26, 33.—Males, 20; Females, 13. Stillborn, 4. Of consumption, 5—scarlet fever, 5—lung fever, 6—disease of the heart, 1—hooping cough, 1—debility, 1—anemia, 1—typhus fever, 1—old age, 3—accidental, 1—drowned, 1—infantile, 1—smallpox, 1—dropsy on the chest, 1—marasmus, 2—inflammation, 1—fits, 1.

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Also for sale, the following Homœopathic works, viz.: Hahnemann's Organon, \$2; Ruoff's Repertory, \$2; Curie's Practice; do. Principles; do. Domestic Practice, \$1; Dunsford's Remedies, \$3; Jean's Practice, \$3; Hartmann on Homœopathic Remedies, \$1; Broacke's Diseases of the Alimentary Canal, \$0.50; Herring's Domestic Physician, \$2. Pamphlets on Homœopathy by Crasero, and Drs. Herring, Eustaphieve, McVickar, Greene, Okie, Channing, Des Gudi, &c.

Also for sale, Homœopathic Medicines in cases, both mahogany and morocco, varying in size and price from \$3.50 to \$50, and single remedies. Tinctures, triturations, refined sugar of milk, pure globules, vials, corks, diet papers, labels, &c.

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DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Suckney & Dexter, Lancaster; J. B. Abbott, Boscowen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

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GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep.8—eoptf.

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JOHN B. BROWN, M.D., Surgeon.

We the subscribers approve of Dr. J. B. Brown's plan of an infirmary for the treatment of Spinal Affections, Club Feet, and other Distortions of the human body, and will aid him by our advice whenever called upon.

John C. Warren, George Hayward, Edw. Reynolds, Jno. Randal, J. Mason Warren, John Jeffries, John Homans, M. S. Perry, W. Channing, George C. Shattuck, Jacob Bigelow, Enoch Hale, W. Strong, George Parkman, D. Humphreys Storer, George W. Otis, Jr., Winslow Lewis, Jr., J. H. Lane, Edw. Warren, George B. Doane, John Ware, George Bartlett, John Flint, J. V. C. Smith.

Boston, April 14, 1841.

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No. 9.

CASES OF FRACTURE OF THE SKULL.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I send you the following cases, which you may dispose of as you think proper.

In Virgil, Cortland Co., N. Y., November 1, 1836, a son of Simeon Luce, Jr., was sent into the fields to catch a horse; but not returning when expected, his friends went in pursuit of him. They found him lying on his back, upon the ground, insensible, and blood issuing in a moderate quantity from the ears and nose. I saw him twelve hours after the injury was received, when he was pale, extremities cool, pulse 120, and stertorous breathing. Did not learn that he had been sensible since the accident. There was no wound of the scalp, except a very small punctured one, a little posterior to the angle formed by the anterior and under edge of the right parietal bone. The existence of an extensive fracture was readily detected by the crepitus. Scalp of same side was detached nearly the whole extent of the parietal, and all the superior portion of the temporal, bone, and there were layers of blood interposed. A crucial incision of the scalp was now made, and the angles turned back, which enabled us to determine more definitely the extent of the fracture. Right parietal bone was comminuted, several fragments of which were readily removed with the forceps, while others were driven in, and so interlocked and retained by depressed portions of the frontal, temporal and occipital bones, as to forbid removal by the elevator and forceps. Under these circumstances, in presence of Drs. Goodyear, Bronson and Jones, the trephine was first applied to a projecting portion of the frontal bone, the perforation of which enabled us to elevate some depressed portions, and remove several spiculæ; but to elevate all the other portions of bone that were making pressure, the trephine was applied both to the opposite parietal and occipital bones, making three crown pieces, which were removed before all the depressed bone could be raised. Middle artery of dura mater was wounded at the time the injury was received, affording at this stage of the case large masses of coagulated blood, the removal of which showed that the dura mater had been wounded at four different points, and that the substance of the brain had been considerably broken, followed by large extravasations of blood. The blood was removed as far as possible, and dressings applied. During the operation, patient had occasional convulsive movements of the extremities. Death took place three hours after the operation.

Is it not reasonable to conclude that this case would have been fatal, from the serious and extensive injury sustained by all the parts involved, even with the earliest, most prompt and vigorous remedial means? It is obvious that two causes of compression existed in this case; to wit, extravasation of blood and depressed bone, and that both were inflicted extensively, and at various points. There was a large quantity of blood beneath the occipito-frontalis and temporal muscles, exterior to the skull; also between the latter and dura mater, as well as between the other membranes, and it was even diffused through some portions of the brain itself. The depressed portions of bone occupied each parietal and the right lateral anterior portion of the occipital bone, as well as the posterior part of frontal, and superior portion of right temporal bone. Finding, as we did, during the operation, that structural injury, to so great an extent, had been inflicted upon all the tissues of the head, we had no doubt in hazarding the opinion that the termination of this case could have been none other than a fatal one, let the treatment have been ever so early and properly adopted.

CASE II.—In Cortlandville, N. Y., on the 29th of May, 1841, David Johnson, a lad of nearly 14 years, who had been subject to epilepsy for several years, was seized with a paroxysm while standing on a narrow foot-hold, several feet above the ground. He fell, striking his head against a narrow projecting body, producing a wound of the scalp three inches in length, with a corresponding fracture of the skull. The fracture was confined to the frontal bone, commencing at its most superior point, nearly half an inch anterior to its junction with the parietal bone, on a line with the longitudinal sinus, running two and a half inches in the direction of the external angular process. It was certain that the fracture involved several fragments of bone, which had been driven directly upon the dura mater, besides some depressed portions situated anterior to the space occupied by the comminuted bone. My associate, Dr. Miles Goodyear, who was in attendance, now made an effort to remove the spiculæ of bone, and to elevate the depressed portions; but the fragments were so firmly held by each other, that every attempt at this object, short of perforating, was unavailable. Reaction having now taken place, the patient was bled at the arm. On my arrival, a little more than three hours from the time the injury was received, the patient was laboring under unequivocal symptoms of compressed brain. The conclusion was to trephine immediately. Accordingly, an incision was extended at nearly a right angle with the wound of the soft parts, making a flap, when turned back, that gave ample room for the trephine, which was applied upon a projecting portion of the solid bone, posterior to the general fracture. The perforation at this point enabled us to remove several of the fragments that were pressing directly upon the dura mater, and to elevate, in part, one portion of depressed bone; but the entire elevation of all that was making direct pressure, was prevented by an angular projection from the solid bone. This was readily removed by the saw, which allowed an entire elevation of all the depressed bones, producing at once a perfect return of sensibility. It may not be improper to state here, that as soon as the pressure was removed,

the patient went into a violent fit of epilepsy, of some thirty minutes duration, suspending a little the operation; but as it subsided, the stupor following the paroxysm gave an opportunity to conclude the operation and apply the dressings.

The treatment after the operation in this case was simple, as no unfavorable symptoms occurred. On the fourth day patient walked his room; and on the eighth left the house and walked moderately in the open air. The fact that there was not a single unpleasant symptom after the operation in this case, is a circumstance that varies it from the majority of cases of this kind. Patient has enjoyed good health since the operation, except the epilepsy, the paroxysms of which occur at longer intervals than previous to the injury.

FREDERICK HYDE.

Cortlandville, N. Y., March 16th, 1842.

METEOROLOGICAL AND MEDICAL OBSERVATIONS ON THE AZORES.

EXTRACTS FROM LETTERS TO A PHYSICIAN IN BOSTON, BY AN INVALID.

[Communicated for the Boston Medical and Surgical Journal.]

THE atmosphere is remarkable for, as near as I can describe it, a kind of mellowness and buoyancy, like a bright June morning in New England, and also for its excessive humidity. The moisture is so great that wood, in the open air, decays very rapidly; iron is corroded almost immediately, and even clothes are injured unless great care is taken of them. Rain falls in small showers, and *never* in storms as with us. In one moment the sun will be shining brightly, and the next the rain will pour as if the windows of heaven were opened. Presently the rain stops, the clouds break away, and the sun comes forth again; but scarcely has he dried the pavements ere they are moistened once more. You must remember this is their winter; it is not the case always.

The islands are situated within the north east trades, so that for nearly half or a third of the year, the wind is constant from that quarter. They commence about the middle or last of May, and during their continuance I am told the weather is settled, the air bracing and clear, and it is rarely rainy. The southeast is the most uncomfortable wind, blowing directly from the snow on the summit of Pico. Southerly and westerly winds are universally accompanied by frequent showers, while the north and northeast give promise of fine weather. The temperature of the air in the shade is quite moderate, the mean for the latter half of February last being 58 degrees; for March, 59; for April, 60; for May, 62.2; for June, 67; for July, 70.3; for August, 74; for September, 67.9; for October, to the 19th, 68.3. The range of the thermometer during these months, was 4 in October, the least; and 7 in September, the greatest.

Fayal lies so immediately upon the top of the ocean, that most of the well-water is impregnated with salt. The wells rise and fall with the tide, except in the very interior of the island. The inhabitants use this brackish water, though, at first, it is very disagreeable. Mr. Dabney, the American Consul, and most of those who are able, have large

reservoirs to contain rain water, and thus provide themselves with a wholesome drink. The soil is exceedingly light, but with manure and good cultivation is quite productive. The islands are volcanic, and of course the earth shows marks of its origin. Small craters are found in all parts, and lava may be picked up in abundance. Pico continually sends forth more or less smoke, reminding one of the fires that slumber in its bosom. But they have not burst out for many years. Earthquakes are occasionally felt, but so slight that no alarm is excited. A slight trembling of the ground occurred a week or two since, not sufficient, however, to arouse me from sleep.

Of the plants of the island I, as yet, know little or nothing, and unfortunately am not enough of a botanist to speak from my own observation. The castor oil tree, or shrub, is found here; the opium poppy grows quite luxuriantly, almost wild, and squills can be produced with a little attention. There are many other plants and herbs of a medicinal character, as well as flowers, as beautiful as can be found in any part of Flora's dominion, with which I will not weary you now.

As to the general health of the inhabitants, and the diseases incident to the climate, I am not capable of judging. Dr. Bullar, an English physician, visited the islands a year or two since, and within the last two months has published an account of his visit. As his work would not be likely to be found in America, I shall take the liberty of making a few extracts. "The diseases of the natives are such as might be expected from the mild and equable climate; they are of a passive and atonic, rather than of an active character. Not that active diseases, such as acute inflammations running a rapid course, are not occasionally met with among the young and robust, but that in general the affections are rather of a nervous than of an inflammatory kind; indicating either a deficiency or an irregularity in the distribution of nervous energy, as if particular nerves were in a feeble and unstrung condition. Thus the prevalent complaint, and one that is very common, is a painful affection of the nerves of the stomach, unattended with much disorder of the digestive function itself, or of the general health; a dull, slow, aching pain, coming on soon after meals, and lasting many hours. In many cases this had lasted for several years; in some aggravated ones there were other symptoms, such as pyrosis and constant vomiting. The most common exciting cause of this affection among the poor, is their diet; their principal meal consisting of cabbages and potatoes, chopped up, boiled and mixed with a little lard. It is necessary for strangers to be very cautious in their diet, lest they should suffer from this form of indigestion. Somewhat stimulating food and wine are advisable, as well as a very cautious use of vegetables and fruit.

"Next in frequency to this disease of the nerves of the stomach, are painful affections of other nerves of the body, including rheumatic neuralgia; and loss of sensation (either partial or complete) in single nerves, is not unfrequent. Hypertrophy of the ventricles of the heart is more common than in England, and is sometimes accompanied with asthma, which is by no means a rare disease. Leprosy (elephantiasis tuberculata) may be said to be endemic, but it is not frequent; much less so,

probably, than at Madeira, where there is a hospital devoted to those affected with this disease.

"The children of the poor, from their constant exposure to the open air, their simple food, and the light, unfettered dress which the mildness of the climate permits them to wear, are very healthy. I saw but few scrofulous diseases. The complaint to which they are most subject is bronchial inflammation, which sometimes seemed to lay the foundation of organic diseases of the heart, and of asthma.

"On the whole, the diseases were simple and easily managed. Complicated organic diseases, or morbid growths of a malignant character, are rare. I met with but few cases of fever; in these the fever was complicated with inflammation of the bronchial and intestinal mucous membranes. Morbid growths of a simple character, such as steatomatous, fatty and encysted tumors, requiring removal, were not uncommon; and I saw many cases of bronchocele.

"Consumption is extremely rare. I saw only two cases among four hundred and sixty-five patients who fell under my observation, most of whom were affected with diseases of a chronic character. This immunity from consumption is further evidence that one of the principal causes of this destructive disease is great vicissitudes of temperature, and it also shows that great humidity, when accompanied by a warm and equable temperature, is a favorable circumstance, rather than otherwise, in a climate which is sought by those who are predisposed to tubercular diseases of the lungs. In the island of Malta, where the air is very dry, although the climate is warm and not very variable, consumption prevails to a very considerable extent. The dryness of the air is shown by the quantity of dust which floats about in the atmosphere for more than half the year. In the Azores, on the contrary, dust is rarely seen."

In reply to your inquiries about accommodations for strangers, &c., I can only say there are almost none at all. Boarding-houses or hotels are not to be found, though one of the former may be opened in the spring. Houses can be easily hired at a moderate rent—say from \$60 to \$200 per year—and readily furnished with the Azorean furniture. Imported furniture, as well as manufactures, bear an enormous duty, so that it would be extremely injudicious for a person to bring any with him. Servants, of course speaking the Portuguese language, can be procured at the rate of from \$1,50 to \$3,50 per month. The expenses of living in other respects are also very much less than in New England. Labor is paid at the rate of from ten to twenty-five cents per day. Horses are kept only by private individuals, and an invalid would find it impossible to hire one for exercise; a donkey might be procured, but that would be doubtful. The roads are so super-eminently bad, that horse-back riding, could animals be hired, is not over pleasant.

The chief production, that is, for export, is oranges. Lemons are also exported, though not in very large quantities. Fruits of all kinds are found here in great profusion, and at all seasons of the year. The soil is very well adapted to the raising of corn, wheat and potatoes, and about \$20,000 worth of the latter, including a few other vegetables, are annually sold to the American whalers, that touch at Fayal. Mr. D.

has lately introduced the mulberry, to which the climate seems peculiarly suited, and silk may become a staple of the island. He has also introduced the tea-plant, which apparently thrives well, but its success is problematical. In speaking of the exports, I referred to Fayal alone; the grape should be placed next to, if not before oranges, as a production of the islands. It is produced in every one of the group, though this island is not so favorable to that one article as some of the others. In taste it excels any I have ever seen; of the wine it produces, others are better judges.

FRACTURED PATELLA.

BY DR. E. HARTSHORNE, RESIDENT SURGEON OF PENNSYLVANIA HOSPITAL.

HENRY O'H., 60 years of age, feeble and emaciated, entered Nov. 11, with a transverse fracture of the left patella. The man stated that while walking in a cellar, he stumbled, and in falling struck his knee against the jutting end of a log of wood. He was unable to rise, and immediately observed a depression in the knee-pan wide and deep enough to admit his thumb.

When brought into the ward, about eighteen hours after the accident, he appeared to be in great suffering; the joint had already become very tumid and tense, and so painful as to preclude any but a superficial examination into the condition of the parts. It was ascertained, however, that the fragments were at least an inch and a half if not two inches asunder.

The limb was extended, confined with a roller in this position on a back splint long enough to reach from just below the tuber ischii nearly to the heel, and elevated on an inclined plane, so as to flex the thigh on the pelvis—at the same time the body of the patient was propped up with pillows in order still more completely to secure the relaxation of the muscles, as well as to afford the man an easy recumbent position.

Owing to the great violence of the inflammation no forcible approximation of the fragments could be tolerated by the patient before the end of the first week. During this interval, the treatment by position was combined with the ordinary antiphlogistic regimen of rest, low diet, copious leeching, and saturnine lotions, rigidly maintained. On the eighth day the separated parts were brought within two or three lines of each other; and so maintained, in the following manner. Moderate and uniform compression of the limb having been effected by a roller carefully applied from the toes up to the middle of the thigh, the fractured surfaces were retained in their juxta-position by means of pads subjected to the pressure of a roller carried with some force around the knee and splint in two series of circular turns; the first of which operating on the upper margin of the patella, passed below the projecting ends of a cross-bar two inches wide, fixed transversely to the splints, at a point corresponding posteriorly to the tubercle of the tibia; the other series moved around the lower margin of the bone and above the projecting ends of the same cross piece. By this arrangement, the retraction of the upper fragment

and the displacement of the lower were effectually counteracted without the constriction of the limb produced by the ordinary figure-of-eight bandage, especially when applied without the intervention of a splint and cross-bar.

In this case, as the sensibility in the injured joint did not rapidly abate even after symptoms of more active inflammation had subsided, very little force was at first exerted on the retracting portion of the bone. This force was gradually increased in the course of the first three weeks, although it was not at any time very great, as the patient, being aged and of an irritable temperament, was intolerant of pain and bore the compression badly, while at no time did there appear in the muscles any strong disposition to contract. The lead-water dressing was continued at least fifteen days, until the heat of the part had nearly all disappeared.

Very firm and close union by ligament was found to be complete by the twenty-eighth day, the fragments being within the eighth of an inch of each other and entirely immovable. The patient was allowed to walk about on crutches with the splints still on, after confinement in bed about five weeks. In about ten days after leaving his bed he was directed to walk with the crutches alone, the splints being removed and a bandage only remaining. The knee was passively moved and well rubbed with soap liniment every day. Discharged January 29th, with the power of extending the limb very good, flexion being still difficult on account of the partial ankylosis arising from the treatment.

Remarks.—The present is the second case treated successfully in the last six months, with the apparatus here described. The first case was even more unfavorable than this. A young German was admitted July 10, having received a transverse fracture of the patella with a small wound of the soft parts in front slightly exposing the bone, caused by the kick of a horse. Severe inflammation of course soon invested the injured part to such an extent that position only was available in the management of the fracture, until the acute symptoms had been subdued by active antiphlogistic measures. The compresses and bandage were first applied about the twentieth day, at which time the external wound had nearly cicatrized. The fragments were brought very near together, and union by a dense ligament advanced very well. After having walked about with the splints on for two or three weeks, the man was discharged September 8th, with a trifling separation of the bone and a very good use of the joint. The splint employed in these cases is that of Desault, modified by the addition of the cross piece. The bandages recommended by that authority, however, are omitted, the simpler bandage around the knee and splint being preferred. It was employed as the ordinary apparatus of the house twenty years ago, without being at the time considered original or peculiar. A writer in the *London Lancet* for 1835-6, about six years since, introduced it, however, as a novelty to British surgeons, and advocated its employment. Lonsdale, in his work, describes it, and attributes its contrivance to this writer. It certainly possesses simplicity and ease of application, without creating much discomfort to the patient, while it appears to answer all the indications extremely well.—*Med. Examiner.*

CASE OF IDIOPATHIC HYDROPHOBIA.

BY J. KIMBALL, ESQ., M.R.C.S.L.

W. K., aged 24 years, of a bilio-lymphatic temperament, has, during the last month, suffered from occasional attacks of palpitation of the heart, occurring generally in the night, and invariably followed by profuse perspiration. On October 4th, 1841, he rode a distance of fourteen miles, and on arriving at the end of his journey at about 12 o'clock, A. M., he was seized suddenly with great difficulty of breathing, pain over the region of the heart, and painful sensations over the chest. The paroxysm continued for a few minutes, when the dyspnoea and pain gradually subsided; he afterwards ate a good dinner, and appeared as well as usual, until about eight o'clock in the evening, when all the symptoms returned with greater violence than before, and to so distressing a degree did the dyspnoea increase, that there appeared to be imminent danger of suffocation. He was now bled to eighteen ounces, but without any manifest relief, and the operation was repeated in three hours to the amount of six ounces, which had the effect of considerably relieving the pain.

About 5, A. M. Oct. 5th, I saw him; he could not speak, although conscious of what was passing around him; I was informed that he had had violent convulsive movements of the arms, which had lasted nearly an hour, and he now appeared to be suffering from a spasmodic constriction about the glottis and pharynx, causing extreme difficulty of respiration, which had a peculiar crowing character; he had likewise a great desire for water, and complained much of thirst. No sooner, however, was this fluid brought into his presence than it was obliged to be withdrawn; the sight of it caused an alarming increase of pain about the larynx, with a horrible feeling of suffocation; but with the removal of the water the symptoms became ameliorated. From so many hydrophobic symptoms being present, I was apprehensive he might have been bitten by a dog, and questioned him upon this subject very closely; but to all my interrogations he shook his head negatively. During the intervals of ease his pulse was full and soft, and averaged eighty beats in a minute; his tongue was clean, the bowels were regular, and the skin of the natural temperature. Aware that there was a predisposition to spinal disease, I examined the back, and found about the lower part of the cervical region tenderness on pressure, and I observed that *this pressure invariably produced* an exacerbation in all the symptoms, and of this I fully satisfied myself, and my patient likewise, by repeating the pressure three or four times. A blister was applied over this spot; it rose well, and he soon became able to swallow. Doses of opium were given by the mouth, and an opium injection was administered per rectum. I should have stated that from the commencement of the attack up to the present period, he has experienced a great difficulty in passing his urine, but none in voiding his fæces.

5. Much improved in every respect; but when his head was raised, the spasm was speedily re-produced. He had a constant smacking of his lips, and frequent twitchings of his legs and feet; the right arm partially paralyzed; no headache; no confusion of intellect.

7. Still improving; spasms had entirely disappeared; he could swallow fluids with the greatest ease; tongue clean; bowels well opened; secretions healthy; he can now be raised without suffering; the blister discharges freely. The dorsal region was rubbed with an embrocation, containing croton oil, tartar-emeti, &c., and quinine was given during the day, with henbane at night. From this period he gradually progressed, and at the end of the month was thought sufficiently improved to resume his avocation. One day, however, previous to his intended departure, he had a recurrence of the dyspnoea, but in a much less degree than before. This was immediately treated by the application of leeches to the cervical region, followed by a blister, when all the symptoms soon vanished. He has two issues, one on each side of the cervical vertebræ, which discharge freely, and he may now be considered convalescent.—*London Lancet.*

TREATMENT OF UTERINE HÆMORRHAGE.

DR. GRATTAN, of Killeagh, observes:—"Having directed my attention to the administering of powerful styptics, I commenced by giving tolerably large doses of sulphate of alumina and aromatic sulphuric acid with the most decided benefit; finding that under the use of this medicine the hæmorrhage would become lessened in a few days, I commenced giving a mixture of—Sulphate of alum, ʒ iij.; sulphate of magnesia, ʒ xij.; aromatic sulphuric acid, ʒ ij.; water, f ʒ xij. M. Of this an ounce was given every four hours, and where much pain existed a grain and a half of acetate of morphia was added to the whole. When the stomach rejects every other medicine, and even brandy and water, this will remain down; and, after the administration of one or two doses, the hæmorrhage will be considerably lessened; and seldom or never have I to go beyond four doses, when it will have ceased; but when I arrive at that stage, I continue the mixture without the sulphate of alumina, and give it in doses of an ounce three times a day for two or three days. In about two hours after the first dose has been taken, the patient becomes hot, the tongue hard and dry, presenting much of a typhoid appearance; pulse hard and steady; considerable thirst, which must not be too largely gratified; and these symptoms will remain, should the bowels not be acted upon by the sulphate of magnesia in the mixture. A copious evacuation of the bowels should be effected within twelve hours; and if the medicine does not effect this, we should give one ounce of castor oil and two drachms of tincture of jalap in a little peppermint water. Should this not succeed in the course of two hours, a quantity of warm water must be injected with an enema syringe. This practice is absolutely necessary, as should the bowels be too long confined mucous inflammation might ensue. After they have been well freed, the tongue gradually regains its natural appearance, and the secretion from the uterus will, in the course of twenty-four hours, become thin and foetid, quite pale in color, and gradually disappear after a little time. Such has been the manner I have for years treated cases of this description, and the

success that has attended the practice has been most encouraging.”—*Provincial Journal*.

[Cautious practitioners may deem this a rather severe plan of treatment.—ED. LANCET.]

PECULIAR NERVOUS AFFECTION OF THE FORE-FINGER.

DR. RISDON BENNETT called the attention of the Medical Society of London to a singular kind of local nervous affection of the fore-finger of the right hand, which interfered with the action of writing. He had seen three cases of the kind, all occurring in persons more or less of studious habits. In one of these cases, the gentleman was a hard student, and had been employed very much in writing. About twenty years ago, he found himself one day, suddenly, unable to write, for the moment he attempted to grasp the pen in the usual position for writing, the fore-finger was suddenly extended with a violent convulsive action, and the pen thrown to a considerable distance. Further attempts at retaining the pen were fruitless, as was also an endeavor to write with the pen placed in a different position between the fore and middle fingers. He was eventually under the necessity of writing with his left hand, which he now did. The nervous affection in the right hand fore-finger still continues, but is called into action only when he attempts to write. In another case, the gentleman was not particularly studious, but was subjected to the same annoyance: in him the affection has existed for several years. Now in neither of these cases did the complaint appear to depend upon any derangement of the general system, or of the nervous system, but appeared to be a local affection depending upon excito-motory causes, and was called into action the moment the point of the finger in the position for writing touched the paper. Neither of these gentlemen were thin, and their fingers did not want flesh.

Mr. Dendy had met with several cases of complete numbness or paralysis of the index finger in gentlemen much accustomed to writing. In these cases there was much attenuation, and the extremities of the nerves at the point of the finger were not sufficiently covered. He had attributed the phenomena exhibited in these cases to paralysis, resulting from long-continued pressure upon the nerves; and the consequent loss of antagonizing power in the exterior muscles, by which the finger was thrown up.

Dr. Bennett remarked that in his cases there was nothing like paralysis, in the usual sense of that word.

Mr. Proctor knew nothing of the excito-motory system, as it was called; he should look further than the extremity of the finger, in such cases as these, for the cause. The spinal marrow or the brain, he believed, was at fault: an overworked brain, he considered, would produce a local affection of this kind; it was of the nature of the movements in chorea. He would ask those who questioned his views, how they explained those local convulsive actions of children, confined as they were to the thumbs, and indicating, as they did, mischief in the brain.

Mr. T. W. Elliot inquired whether the cases in question bore any analogy to those involuntary local actions of the muscles of the face, which were frequently dependent upon irritation in the *prima via*—as worms, in the case of children—and were removed by a purgative?

Mr. Hancock believed the cause of Dr. Bennett's case should be sought for at the extremity of the nerve, and not at its origin; he therefore agreed with Dr. Bennett in referring the phenomena to the reflex function. He believed the affection would have been more general, had its cause been situated in the brain or spinal marrow. He differed from Mr. Dendy, in supposing there was a want of antagonizing power in the flexor muscles of the finger, because in these cases the power exerted was not continuous, but was merely a convulsive action.

Dr. Theophilus Thomson had seen a case similar to those described by Dr. Bennett. In this instance the affected person was a solicitor, and the spasmodic or rather quivering action was confined to the muscles of the thumb, and came on when he attempted to hold a pen. His brain had been overworked by business, as well as his thumb by writing. He recommended rest for both, under which a recovery soon took place.

Dr. Johnson should refer the local nervous affection, in some of these cases, to disorder of the digestive organs; they could only be explained on the doctrine of sympathy, or what had lately been called the excitomotory system. It was no proof that his view of the case was incorrect, because the effect had been so permanent. We know that in the human body the effect often remained when its cause was removed: but who was to say that there was not a permanent, but hidden, cause of irritation existing in these cases.

Mr. Pilcher believed the affection in Dr. Bennett's case to be local, and dependent upon excitomotory causes. The same kind of action would occur in other muscles when the patient was otherwise in excellent health. He should not look to the brain as the origin of the mischief in this case, but he believed that the irritation was conveyed to and from the spine; or, what was much the same, to and from the ganglion or the carpus. It was a similar condition of the muscles of the finger, as that which was observed in the muscles of the fore-arm in the "hand-drop" of painters, in which there was a loss of balance between the extensor and flexor muscles, and which affection he believed to be entirely local. He had found that these cases of hand-drop were always confined to the right hand. If the phenomenon was dependent on the absorption of lead, why should it affect one hand only? In a case of this kind which had come under his care two years since, he had blistered the back part of the arm, and used strychnine internally. The practice was empirical, but the man got well; whether from refraining from work, or from the remedies, he could not say. He had since had the same patient under treatment for the same affection. He had noticed on both occasions that the strychnine produced a very distressing eruption over the entire surface.—*London Lancet*.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 6, 1842.

REGIMEN AND LONGEVITY.*

THESE two subjects occupy the thoughts of mankind perhaps more than any others. What we shall eat, what we shall drink, and wherewithal we shall be clothed, are forever on the tongue of the civilized; and the savage, without saying so much about it, concentrates all the forces at his command to provide for his immediate physical wants, and prizes longevity because the longer he lives the more he expects to enjoy the gratification of inherent appetites.

Dr. Bell, the erudite editor of the Select Medical Library, at Philadelphia, is the author of a new work which is calculated to make a sensation. Coming from high authority, every proposition and every declaration will necessarily have its weight both with the wise and the ignorant. The most stupid people are stongly persuaded that they are intimately acquainted with what is good and what is bad in dietetics, and on all occasions thrust in their own experience, with a view to the promotion of individual human happiness, as it regards regimen and whatever conduces to health, and, consequently, longevity. Dr. Bell must expect, therefore, to meet with hard rubs from some of the most inveterate ignoramuses of the age, who pride themselves in their attainments in certain physiological discoveries, which would lengthen out the life of man to Methusaleh's age, and re-people the earth with giants in body and intellect, if they were clothed with sufficient authority to enforce their doctrines as well as their diet.

There are fifteen chapters in Dr. B.'s work, which are elegantly written, and embrace the whole circle of knowledge upon the topics discussed. The first treats of Public Hygiène; 2, National Dietetic Usages; 3, the same; 4, the same; 5, Vegetable Food; 6, the same; 7, the same; 8, the same—fruits; 9, Sugar—Grapes; 10, Fruits; 11, Animal Food; 12, Animal mixed Food; 13, Drinks; 14, Alcoholic Drinks; 15, Longevity. Such is the scheme of Dr. Bell's deliberations, that scarcely an item has escaped his investigations, which has even a remote relationship to the inquiry before him. It is really a learned production, evincing patient inquiry, and uncommon devotion to the investigation of such subjects as have or may have a bearing upon present comfort or future longevity.

With this brief notice of Dr. Bell's labors, we are reluctantly compelled to forego any further remarks the present week. That elaborately-constructed observations will be made upon the work, seems quite certain. The advocates of an exclusive vegetable regimen, will here find abundant evidence to strengthen them in their adoration of farinaceous food. Those who doat on a surloin will not give it up on reading this treatise, although the author is cautious in not committing himself for or against animal

* On Regimen and Longevity, comprising materia alimentaria, national dietetic usages, and the influence of civilization on health and the duration of life. By John Bell, M.D., &c. Philadelphia: Haswell & Johnson. 8vo., p. 420. 1842.

food. If we mistake not, he relates evils enough resulting from the consumption of meats, to make one pause over an excellent dish. We shall endeavor to revert to this work again, more in detail.

*Climate of the United States and its Endemic Influences.**—Dr. Forry's learned work, announced some months ago, is finally published, and may be found on sale in Boston. The design, says the preface, is to exhibit a connected view of the leading phenomena of our climate, both physical and medical—comprising all the author's observations on the subject, chiefly based on the Army Meteorological Register. Much intellectual acumen is discoverable in every page, and the industry manifested reminds us of the indefatigable diligence of Kepler, called, by way of eminence, the navigator of the skies. Dr. Forry has an undisputed claim to the honor of having methodically investigated a class of phenomena almost wholly overlooked by his predecessors, and we are sure that very few of his contemporaries will dare to interfere in a domain so successfully cultivated by himself.

The Basis of true Physiology.—In the fifth No. of the New Churchman, a periodical devoted to the dissemination of the doctrines of the New Jerusalem Church (Swedenborgian), is a curious communication, entitled "The correct definition of man, the basis of true physiology." The article possesses nothing objectionably singular about it, save only that such a publication is the last place in the world we should have thought of looking for an able and vigorously written dissertation on the general truths of physiology. It would have done credit to any medical work, as a specimen of thorough acquaintance with the highest veritable sources of physiological inquiry, and therefore we esteem it in the light of a gem, unfortunately concealed from public view, since it is presumed that the New Churchman is limited in its circulation to the sect for which it is exclusively published. The philosophy of sympathy is fully treated on, and it is shown that in the present age little more is known on this point than in the life time of Aristotle. But, says the writer, "the new physiology which must supersede, to a great extent at least, the speculations of the past, will be founded on a correct definition of man. With this definition, the receivers of the doctrines of the New Church, and the readers of Emanuel Swedenborg, are already acquainted, viz., that man is the form of a society; the constituent individuals of which society are all the members and organs which, in the aggregate, produce the human form: and that the several operations and functions of these members and organs, are but the efforts which these individuals reciprocate, each to do good to the other." Again—says A. T. L., who is evidently a citizen of Boston, "we have spoken of the brain as the highest and inmost organ. It is the primitive formation of man, and the medium of all descent from the heavens to the world, and of ascent from the world to the heavens."

Some slight notion may be formed of the bias of the amiable author's mind, by these extracts. As a whole, unconnected with the peculiar symbolical method of reasoning generally characteristic of the followers

* The Climate of the United States and its Endemic Influences, based chiefly on the records of the Medical Department and Adjutant-general's Office of the United States Army. By Samuel Forry, M.D. New York: J. & H. G. Langley. Philadelphia: Barrington & Haswell. 8vo., p. 378.

of the New Church, we have been exceedingly gratified with the beautiful train of thought which occupied the author's mind while elaborating the article.

Evils of Modern Music Teaching.—A gentleman who lost his only daughter a few days since, by a rapid pulmonary consumption, and who has ascertained that other young ladies are suffering from the incipient approaches of symptoms precisely like those he has so painfully witnessed in a member of his own bereaved family, suggests that lesions or some other equally injurious effects are produced in the lungs by the modern mode of vocal instruction. The instructor begins with the pupil by causing a full inspiration to be made—the lungs being distended to their utmost capacity. When in that condition, a horrible noise called a sound is to follow, by allowing the slow escape of the unnatural volume of air, pressed upon by an equally unnatural effort of the external respiratory muscles. The object is said to be the *strengthening* of the lungs, which is absolutely ridiculous, and no more philosophical than holding one's feet in a tub of cold water to produce a better base. Now if it is true that music-masters actually begin their lessons by overstraining the delicate tissue of the air-cells, they are sowing the seeds of a wide-spread desolation, that requires an immediate and careful investigation. Our young ladies are swept off with melancholy rapidity throughout New England, almost before they have begun to live, through the combined agency of a variable climate, the vices of civilization, and dress; and if there is to be another power brought into requisition, under the specious character of a vocal education, some counteracting influences should at once be devised to undeceive parents, and to develop a less objectionable system, that does not bring disease and premature death with the first songs of youthful vivacity.

Hope on the Diseases of the Heart.—We are glad to see that Dr. Dunglison has begun the publication of this work in his Monthly Medical Library. Dr. Hope is at present of St. George's Hospital, and has held the presidency of the Edinburgh Royal Medical Society. His reputation and experience are of a character to enlist confidence in his work as one of the most valuable and carefully prepared treatises in this department of medical science. It has already passed to a third London edition, and its value and interest will be enhanced by the notes and details of experiments of Dr. Pinnock, of the Philadelphia Hospital, which accompany it. It will be furnished with several plates. The value of this and other recent works that have been furnished in Dunglison's Medical Library, deserve to attract the attention of the profession. The eight Nos. of the current volume contain Sir J. Clark's Sanative Influence of Climate; Changes of Blood in Disease; a translation by Dr. Dix from the French of M. Gibert; Sources and Mode of Action of Fever, by Dr. Davidson, of Glasgow; Introduction to the Study of Medicine, by Dr. Macrobis; A treatise on Amaurosis; besides a condensed record of Medical Intelligence, occupying some twenty pages in each monthly No. The Library is \$5 per year. Jordan & Co., No. 121 Washington street, are the New-England publishers.

Medical Miscellany.—Dr. DeKay, of the New-York Geological Commission, has prepared drawings of 2000 animals, natives of that State;

Dr. Torrey as many of indigenous plants; and Dr. Conrad about 600 of organic remains. Scarlet fever, says the Exeter (N. H.) Democrat, is raging in our vicinity, and seems to be the prevailing disease of the season.—The tooth of a mammoth has been found in a marl-bed, three miles south of Le Roy, N. Y., which originally must have been eight or nine inches in circumference. Further examinations are intended, with a hope of finding more remains of the same kind.—The venerable Deacon Whitman, of Bridgewater, whose name is annually mentioned on account of his extraordinary longevity, entered on his 103th year last Monday.—Dr. Cartwright's letters, in the Mississippi Free Trader, are exceedingly ingenious, and there is much truth in the medical evidence he brings forward, but his main argument is not exactly in accordance with the public sentiment in all parts of the world.—A servant girl died at Exeter, N. H., week before last, in consequence of breaking a looking-glass accidentally. Believing that it forbode evil, she soon fell sick, and on the second or third day, without any other disease than such as resulted from fear, actually died, a victim to an absurd superstition.—In the northern part of Vermont scarlatina has been exceedingly prevalent, and fatal too, it seems, by the number of deaths mentioned by it in the country papers.—Dr. Griscom, of New York, is editing a new botanical and horticultural Journal.—Dr. Edward H. Dixon, of New York, our industrious correspondent, is the author of a series of tart articles in one of the daily papers, on the never-ending subject of quackery. The question has been repeatedly asked, who is Dr. Elliot, styled the oculist—and where was he instructed? The interrogatory remains open for an answer, under a responsible name.—Young physicians, well qualified, are patronized by the government of Egypt. A scarcity of medical men in that country is said to have led to the commencement of the encouragement held out by the ruler of that ancient land.

TO CORRESPONDENTS AND SUBSCRIBERS.—Dr. Davis's case of Empyema, and Dr. Dixon's remarks on Strabismus, will appear next week; also a note from Dr. Forbes, editor of the British and Foreign Medical Review.

Subscribers who are in arrears for the Journal are respectfully requested to forward the amounts due. Postmasters are generally willing to frank letters containing money for periodicals, and all who can avail themselves of this mode of transmitting their subscriptions will confer a particular favor at this time by doing so.

DIED.—At Albany, N. Y., Dr. James L. Henry, greatly lamented.—At Philadelphia, Horton Bethune, M.D., of Charleston, S. C., of consumption, 40.—In Philadelphia, Dr. Culp—killed by a fall from his horse.

Number of deaths in Boston for the week ending April 2, 47.—Males, 19; Females, 28. Stillborn, 3. Of consumption, 7—scarlet fever, 2—sudden, 2—dropsy on the brain, 1—inflammation of the lungs, 1—lung fever, 4—erysipelas, 1—disease of the heart, 1—cachexia, 1—infantile, 2—canker rash, 1—child-bed, 3—palsy, 1—debility, 1—canker, 1—intemperance, 2—fits, 1—hooping cough, 1—disease of the head, 1—old age, 2—typhus fever, 2—dropsy in the head, 1—smallpox, 1—ulcers in the head, 1.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.
Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

At the suggestion of numerous members of the profession in Boston and its vicinity, the subscriber proposes to issue a quarterly medical periodical, to be called "THE NEW ENGLAND QUARTERLY JOURNAL OF MEDICINE AND SURGERY." It is believed that ample materials, of sufficient interest and importance, exist, to support with credit both a weekly and quarterly medical journal in New England. With the approbation of the leading members of the profession in Boston, Charles E. Ware, M.D. and Samuel Parkman, M.D., have been engaged to conduct the editorial department. The warmest encouragement and promises of aid in its support have been given, and the medical faculty of Harvard University, as well as many of the more prominent practitioners of medicine and surgery in this city, have kindly allowed their names to be published in connection with the prospectus, as a testimony of their good will towards the undertaking.

It is proposed to commence the publication in July next, the No. for that month to be issued, if the encouragement is sufficient, as soon as convenient; and after that time the Nos. to appear regularly every three months. Each No. will comprise one hundred and fifty large octavo pages, making an annual volume of six hundred pages. Price \$3 per annum, payable on the receipt of the first No.

Boston, March 1, 1842.

D. CLAPP, JR., Publisher.

As it is desirable that the business connected with this Journal should be transacted, as far as possible, directly with this office, physicians who are desirous of subscribing are requested to send their names to the publisher through their respective postmasters.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, Central Depot, No. 19 Cornhill, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—e3wly

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boacawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

SURGICAL INSTRUMENTS.

A COMPLETE assortment of Surgical and Dental Instruments, English and American—for sale low, by BREWERS, STEVENS & CUSHING, 90 and 92 Washington street. D. 29—3m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XXVI.

WEDNESDAY, APRIL 13, 1842.

No. 10.

CASE OF EMPYEMA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—By the kindness of Dr. J. H. Flint, of this town, I have been enabled to examine a case of empyema, and with the sanction of this gentleman, as also of Dr. Alvan Smith, of Monson, the attending physician, I hereby offer for publication in your Journal, the history of the case, and the results of my examinations. If the article proves acceptable to you, you will please give it a place in the pages of your periodical, and oblige
Springfield, March 30, 1842.

Yours, &c.,

WM. A. DAVIS.

Gilbert C., æt. 11 years. The early history of this boy cannot be accurately determined, but from the statements of his parents it would appear that he had enjoyed moderately good health during most of his childhood, though he was never very robust. A year or so previous to the date of the illness about to be described, he suffered from swellings in the groins, which were at first hard, and tender to the touch, and caused some lameness. After a few weeks these tumors began to soften, and ultimately opened, and discharged a purulent matter, which continued to flow in more or less abundance for three or four weeks, after which time the ulcers healed, and the patient has had no further trouble from this cause.

Since this recovery, has been about, and apparently pretty well, till about the first of October last, when he was suddenly attacked with febrile symptoms, characterized by chills and heat, and attended with severe pain in the right shoulder, extending into the arm. At the same time respiration was somewhat difficult and painful. The patient took advice and had treatment, but without improvement: the pain extended from the shoulder into the right chest, and the dyspnœa became much aggravated. On examination of the chest, about October 15th, the attending physician, Dr. Alvan Smith, of Monson, discovered a soft, ill-defined, indistinctly-fluctuating tumor under the right clavicle, extending over first and second ribs, very tender to pressure. On percussion of the right chest, it was found to be generally dull. The patient was now suffering much from dyspnœa, with frequent short, distressing cough, with much tenderness of whole right chest.

About this time the patient was first seen by the present reporter, and offered the following appearances. Countenance pale, anxious and fretful. Patient partially reclining, indisposed to any exertion. Occasional

short and interrupted cough, without expectoration; dyspnœa evident, but not very great; pulse 120, small and rather hard; patient very averse to physical examination, which appeared to cause pain. On inspection of chest, a soft, white, ill-defined tumor was discovered below right clavicle, very tender to pressure, conveying to the manipulator the idea of an indolent and diffused abscess. This tumor was not materially affected by change in the position of the patient, being easily detected when he was supine. A tendency to cough was manifested in connection with pressure upon it. It did not appear to extend below the inferior edge of the second rib, which could be discovered beneath it. Above, it was bounded by the clavicle, the integuments being pushed out beyond the level of this bone.

On percussion, right chest was generally flat, there being no satisfactory resonance at any part. The sounds of respiration were heard feebly, and at a distance, throughout this side of the chest, unmixed with râles, and no where bronchial. Percussion of left chest was sufficiently well: respiration in it vesicular, puerile. No decided protuberance of intercostal spaces of right side.

After a week this patient was again visited, having been treated during this time with diuretics and cathartics. He was found in general appearance much as above reported. Strength stated by his mother not to be materially diminished since the last visit. Appetite rather improved. Decubitus as before, patient preferring a position with shoulders considerably raised, and being unable to lie on left side. Cough much as above. Sleep disturbed by dyspnœa. Tenderness of whole right side excessive. For two or three days past, the attending physician had supposed that he detected some protuberance between the eighth and ninth ribs, and also that a shock applied to the tumor under the clavicle was transmitted to the finger placed in this situation. He had also noticed that the tumor was increased in size during coughing. The tumor itself remained much as above reported, being perhaps somewhat more diffused in the adjacent cellular tissue. The integuments of the whole right side were now very decidedly œdematous. Pulse 120, small, hard.

On examination, the right chest was found flat on percussion, as before. The respiration was still generally feebly audible, very distant. No râles or bronchial respiration observed. Voice, from fretfulness of patient and other unfavorable circumstances, could not be satisfactorily tested in either examination. Left chest as before.

After consultation it was determined to perform the operation of paracentesis thoracis, and the point of protuberance between the eighth and ninth ribs was selected as the place for the incision, which was made, by Dr. Smith, through the integuments and most of the intercostal muscle with a scalpel, the pleura being afterwards punctured with a common lancet. On withdrawing this instrument, a gush of purulent matter ensued, which continued flowing almost uninterruptedly till about 3 xliv. had been discharged, after which the lips of the wound were brought together and confined by a sticking plaster, and protected by a compress. Care was taken to avoid as far as possible the admission of air into the

cavity of the pleura. The evacuation of this fluid was attended with subsidence of the tumor under the clavicle.

The fluid discharged had the appearance of nearly laudable pus, without the flaky or curdy aspect of scrofulous matter. The estimate of the amount is not exact by measurement, but is believed to be nearly accurate. Very little blood was mingled with the fluid. The patient supported the operation well, and appeared relieved immediately after its completion: respiration was more easy, and the appearance of distress was diminished. During the succeeding night the bandages became somewhat displaced, and a slight discharge occurred through the wound: this was again dressed on the succeeding morning as before, and from this period no further discharge took place, and the lips of the wound soon became firmly united, as they have since remained.

The relief from the operation continued for about a week after its performance, the patient suffering but little from dyspnoea, and being able to assume a supine position, as also to lie on his left side. After this time a cough supervened, and the patient at several times thus raised a purulent matter, described by his father as altogether similar to that evacuated by the puncture. This occurred at intervals, chiefly in the morning, for some days, after which the cough diminished and ultimately ceased, and the boy from this period has been going on improving in strength and general health till the present time, when his state is as follows:—

March 11, 1842. Countenance pale and thin: otherwise sufficiently well. Reports no pain. Respiration easy when patient is not fatigued: dyspnoea on severe or active exertion. Has been about and at school for some weeks past. Bowels regular. Appetite good. No trouble from food. Sleeps well. No night sweats. No considerable cough. Strength moderately good: general appearance, however, rather feeble. On standing erect, and when viewed from behind, appears to have lateral curvature of spine to right. Spine not particularly examined, but was not observed to afford any considerable distortion when patient was stripped for examination of the chest.

On percussion, right front chest is moderately resonant in a circular space extending from the scapular end of the clavicle to the sternum, and reaching down to the nipple: elsewhere it is dull. Left front chest generally sufficiently resonant, except in the cardiac region. Right chest very decidedly retracted: no appearance of fulness about right clavicle. Right back generally dull, and flat below spine of scapula. Left back sufficiently resonant.

Chest measured from median line of sternum to spinous processes, gives, in right side, $11\frac{1}{2}$ inches; in left, 13 inches. Respiration in left chest vesicular, puerile, in front and back. Respiration in right chest generally audible: in back, above spine of right scapula, more feeble than in corresponding part in left: below spine more harsh and less expansive than in left; perhaps not less loud. In front, respiration under right clavicle more harsh and less expansive than under left, with some expiration, not strong. Voice perhaps rather more resonant under angle of right than left scapula.

This case seems to be in many respects interesting and valuable—mainly so from its favorable results. In the decision as to the propriety of operation, which it may fall to the lot of any practitioner to make, precedents will be of great worth, and the minute records of previous cases will do much to enlighten his path, and diminish the weight of responsibility which attends the undertaking of any grave operation. Favorable cases are in this view especially valuable, since they are unfortunately not very abundant. Their collection will assist in deciding a question long mooted, and still unsettled—the question of the propriety of operation in ordinary cases of empyema—a propriety which is more than doubted by some high authorities.

Laennec gives a case of pneumo-thorax and pleuritic effusion, in which an incision was made in the side between the fifth and sixth ribs (counting from above), and about their middle: but no matter flowed through the wound. Four hours after the operation the patient died, and on autopsy it was found that the puncture of the operation had been made through the diaphragm into the cavity of the abdomen. "The diaphragm was found intimately adhering to the seventh rib, through two thirds of its length, the adhesion sloping backwards to the ninth rib, so as to leave on the lower and posterior part of the chest a species of *cul-de-sac*, of not more than two fingers' breadth. * * * * The incision had penetrated through the diaphragm, parallel with the upper surface of the liver."

This author states that he has met with cases in which the diaphragm was in close connection with the pleura, as high as the fifth rib, while the lungs and pleura were yet free from disease. He mentions another case of operation in which the opening was made between the sixth and seventh ribs, and two pints of pus were evacuated. This patient died on the twelfth day after the operation. The lungs contained tubercular cavities, which communicated with the cavity of the pleura, and with the bronchi.

A third case terminated fatally in eight months, after promising recovery: the patient was very imprudent. In this case the orifice made by the operation remained fistulous during all this time: there were doubtless adhesions confining the abscess, and shutting it out from the true cavity of the pleura. A fourth case is given, in which in connection with pulmonary disease an abscess pointed externally between the cartilages of the seventh and eighth ribs, and the opening remained fistulous for six years, the patient becoming much emaciated, and affording signs of cavity in the lung.

The remarkable case of Dr. Wendelstadt is on record, in which the orifice remained fistulous for thirteen years, discharging daily from half a drachm to four ounces. Yet the doctor could blow the flute, and attend to his professional business.

Andral gives a case of a woman who had been for two months ill with pulmonary disease, who presented, on entering La Charité, the appearances of pleuritic effusion, having also cedema of the right side, on which alone she could recline. About twenty days after her entrance, a swelling was observed beneath the right clavicle, extending nearly to

the mamma : pressure upon it caused acute pain. This tumor increased, and in a few days evinced fluctuation. A bistoury was plunged into it, and a considerable discharge of pus followed : this flow continued for the three succeeding days, and on the fourth the patient died. On autopsy, an opening was found between the fourth and fifth ribs, through which pus escaped externally, from the cavity of the pleura.

This author gives another case, and refers to a third, in which the operation for empyema was successfully performed. To his article on pleuritis in the *Clinique Medicale* the inquirer may turn for valuable information on empyema, and all kindred lesions. In the conclusion of his "Recapitulation, or General History of Pleurisy," is the following opinion as to the propriety of the operation for empyema. "We think this operation should not be attempted unless when, besides the ordinary signs of effusion, there is undoubted dilatation of the chest, and manifest fluctuation through the intercostal spaces, which project outwards beyond the level of the ribs."

Further experience will help us to determine how far, under the present advantages of diagnosis, the art of the surgeon can be called in with saving power in those cases in which the skill of the physician has been exerted only to disappointment.

FURTHER REMARKS ON STRABISMUS.

BY E. H. DIXON, M.D., OF NEW YORK.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In my last communication on the operation for strabismus, I mentioned a case where the patient still possessed the *voluntary* power of turning the eye outward, after the complete division of the external rectus muscle for strabismus divergens. The *rationale* of this movement, your readers will remember, was imputed to the superior and inferior recti assuming between them the duty of the divided muscle, as soon as the relaxation of the internal rectus allowed the globe to lose its equipoise outward. It was my intention to have given the same explanation for those cases in which the globe still retains a degree of obliquity, as well as the power of slightly turning the globe inward after the division of the *internal* rectus. This has been exclusively imputed either to a partial division of the muscle, or of the newly-discovered tunica vaginalis, as well as the conjunctiva. I am quite satisfied that this is not the reason, and that the solution I have offered is the correct one. I must also repeat an idea advanced in my former remarks, viz., that the great predominance in the number of cases of converging squint, is imputable to the fact, that the eyes are mostly employed in viewing near objects, so that the internal rectus is most constantly in use. If this be not distinctly understood by the patient as well as the surgeon, I am satisfied that many cases of strabismus will return : that many *have* returned, I can bear witness, for it has not only been necessary to operate a second time, where the muscle was effectually divided in the first instance by a very skilful operator, both

in my own practice and in that of my friends, but I am now witnessing, from day to day, the return of the deformity in two cases, where inattention to my directions is producing this result, after the globe has retained its proper position for a whole month. Let any one, after the complete division of the muscle, desire his patient to look upward and downward, and he will always observe, more especially if the globe be small, a decided inclination *inward*. Now here is the difficulty; if the patient be permitted to use the eye on near objects, as in sewing or reading, the lower rectus muscle immediately brings it to bear on the object, and thus approximates the cut ends of the divided muscle, and allows their union, far more immediately and intimately than would occur if the external rectus were compelled to act by bandaging the well eye and advising the patient to walk abroad and exercise the other on distant objects. This is the only method that can prevent the recurrence; and I have effected the desired result of the operation in several cases, when the globe had manifested an evident inclination to resume the error of its way, after the operation.

Another very important practical point is immediately depending on these directions. Supposing, as is very often the case in adult age, the nerve of the eye should be powerless; it is then of course needless to give the directions, for the patient having no power to see with it, the eye will remain in a great degree motionless. If the pupil in these cases continued central, the patient would be satisfied; for however apparent its want of motion to others, it would be far less so to himself when looking in a glass: but this will be found not to be the case; the globe will in most cases resume, in a greater or less degree, its obliquity. In such cases, our success will depend on removing a portion of the muscle. The method of doing this most readily, I think, will be found as follows: cut through the conjunctiva and pass the hook under the muscle, as when you merely wish to divide it. When the hook is fairly under, you have a chance, by using the scissors leisurely, to expose the tendon, or rather the muscle, for in most eyes no tendon is visible; then holding the hook in your left hand, take firm hold of the muscle with a dissecting forceps; transfer this to your right hand, and you can then easily cut off a couple of lines breadth of the muscle.

And here I would remark that every one will find great facility in using instruments with long handles; no instrument can be used with satisfaction in operating on the eye, if there is not full five inches from the point to the end of the handle. The reason is obvious: were they less, the hand of the operator would be in his own light. Hexagons are the best forms; flat handles are only applicable to cutting instruments. I venture these remarks, that gentlemen who are not familiar with the operation, may make judicious selections when purchasing.

It has been remarked, that after the operation on one eye, the other is very apt, though previously straight, to assume the converging squint. The necessity of using the eye on near objects will, I think, explain this: the eye operated upon is of course inapplicable for some time to this purpose; the other then assumes its duty. In children this is very

marked ; and it is wise to keep them much abroad after the operation, in order that the internal rectus may be used as little as possible.

The propriety of operating on cases where the power of the nerve is much impaired, or even nearly gone, does not admit of a question, as it is a physiological truism that a part will fail for want of use. The most rational mode of attempting a cure will then follow, viz., to put it in a condition to be used. Whether the muscle or nerve first failed to perform its office, we can rarely tell ; indeed it should not influence our practice if we could.

I have found much benefit, in several cases, where the globe assumed a disposition to return to its obliquity, from the application of a jet of water to the closed eye, directly over the external rectus muscle. A common syringe may be used for this purpose. After the muscle is divided, if any portion of it is visible towards the pupil, the operator had better clip it off at once, as it will inevitably form a disagreeable projection, and keep up irritation in the eye. I have carefully avoided all applications after the operation, save cold water. The only instance in which any troublesome inflammation has followed, was one in which the patient, without my knowledge, used a solution of sugar of lead—an application that, I will venture to say, no eye will willingly endure. I have heard of sclerotic inflammation resulting from prolonged and awkward manipulation in the operation ; in such cases cold will be found inapplicable. Warm water and copious venesection, if the constitution will bear it, with watery infusion of opium or steam from the latter, I conceive would be advisable. Blisters to the back of the neck (I would never put them nearer) may be needful. Mercury should always be the *last* resort, as I conceive no good practitioner should venture to put the constitution under the influence of this potent and uncontrollable agent, for *any* local complaint, when other means, however severe, will possibly avail.

April, 1842.

NOTE FROM DR. FORBES TO THE EDITOR.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I shall be much obliged by your inserting in your Journal this note, the object of which is simply to inform Dr. Paine, of New York, and such others among your readers as may take an interest in this little matter, that Dr. Carpenter and myself have read his communication published in your Journal of the 19th of Jan. last, and that it is not the intention of either of us to make any reply thereto. We are sure that there is no gentleman in our profession, whether in America or England, who, after reading Dr. Paine's letter, will think it ought to be answered by us ; and if there be any belonging to the profession who do not come under this denomination, who think otherwise, we are sorry that we cannot gratify them. We have too much respect for our own characters, and too much regard for the dignity of the profession, to think of entering the lists with Dr. Paine, with his own weapons of personality and vituperation ; and we have sufficient proof in the character of his "*Ex-*

amination," that, in his present state of excitement, no reasoning however conclusive, no evidence however demonstrative, could make any impression on his mind.

A considerable time since, I sent the name of the real author of the plagiarism to a mutual friend in New York, with permission to mention it to Dr. Paine in confidence. I have now written to him to withdraw this permission, if not too late; as the whole tenor of Dr. Paine's last communication forbids the hope that he could, in his present mood, appreciate the delicacy which has hitherto induced me—and still induces me—to withhold the name of this unfortunate person from the public. I may here add, that Dr. Carpenter has not demanded that the name of the culprit should be given to the public, because he has all along felt confident that his own statement, backed by mine, is amply sufficient to justify him with every right-minded person.

Although, in his state of excitement, Dr. Paine can see no moderation and no fairness in the inculcated review, I beg to assure him, through you, that, in that article, the severity of what was conscientiously believed to be just and necessary criticism, was much mitigated by my anxious desire not to hurt the feelings of a gentleman who belongs to a country so highly respected by me, who is one of a body of men among whom I have the happiness to reckon many personal friends, and who had himself so recently recorded his high and flattering opinion of my Journal.*

I will only further trespass on your patience by stating that if, at any future time, Dr. Paine favors the public (as I think he will) with a work which can justify a judgment of an opposite character to that passed upon his last, he shall find all due praise awarded to him with the same cordiality as if he had never had the misfortune to lose his temper, or sought to crush, with the thunders of his *gravis epistola*, the British and Foreign Medical Review, and all belonging to it. And surely, in yielding to Dr. Paine the even-handed justice which it is my desire to yield to all, I shall claim—as I shall deserve—no merit; since I should be both unfitted for and unworthy of the office I fill, if I could allow myself to be in any way moved, or diverted from my one plain and direct course, by such an attack as Dr. Paine's, or indeed by personal considerations of any kind. I have the honor to be, Sir, your obedient humble servant,

London, February 24, 1842.

JOHN FORBES, M.D.

Editor of the British and Foreign Medical Review.

FATAL HÆMORRHAGE FROM THE EXTRACTION OF A TOOTH.

BY W. A. ROBERTS, ESQ., EDINBURGH.

MR. C. P—, of middle age, rather full-sized body, called upon me on Sunday, the 19th of December, 1841, requesting to have a tooth re-

* "The subscriber, having read with attention the British and Foreign Medical Review as far as published, would commend this Journal to such of his professional brethren as may not be familiar with its merits, as abounding with the latest information upon medical topics and collateral branches, gleaned from all parts where knowledge is cultivated. The critical articles are of the highest order; emanating from erudite genius, liberal and generous, yet devoted to the paramount interests of science. Its range of observation is so extensive, and its critical articles so elaborate, it may be said,

moved, that had given some uneasiness for a length of time ; upon examination, I found the dens sapientiæ of the right side of the lower jaw loose, the crown gone, and removed it without difficulty with a pair of forceps, generally used for extracting the temporary teeth of children. It had three small fangs, the anterior one being the longest ; the hæmorrhage, nothing more than usual, had ceased ere he left, the alveolus being plugged with lint, wetted with the camphorated spirit of wine. At half past four of the same day Mr. P. called again, the blood running in a continuous stream, evidently from the anterior alveolus—cleaned it out from the bottom, and filled it up firmly with a strip of lint, pressed down with a curved instrument ; when full, applied a compress of cork, fitted to the part, and pressed upon firmly by the dens sapientiæ of the upper jaw ; likewise securely bandaged the jaw. Ordered astringent lotions, for the hæmorrhage was again checked, the saliva coming away unstrained.

At this visit the patient informed me that he had a tooth taken out a few years ago, which was followed by copious hæmorrhage for nearly three days, but was checked by the application of caustic ; also that lately his gums had bled to a considerable extent, and for a fortnight at a time. Of all this I was unfortunately ignorant until after three hours had elapsed from the removal of the root. There was nothing indicating any hæmorrhagic tendency at the time I saw him first, and, being a stranger to me, I was consequently not acquainted with the history of his habit of body.

I was sent for early on the Monday morning, and found the hæmorrhage had continued without intermission through the night. He had deferred sending for me, unfortunately, as I had requested, supposing the bleeding would stop of itself. I found no coagulum about the mouth, or in what he had spat out, as in ordinary hæmorrhage, the alveolus being as clear as when the stump was first taken away. I put a piece of lunar caustic, the size of a pin's head, into the bleeding alveolus, pressed it down, and plugged with sponge tent and bandaged as formerly. The bleeding was again stopped. Styptics, lotions of kino, and alum, were used with benefit.

For more than an hour after this all appeared safe. In the course of the day, Dr. Hay, of Queen street, the family medical attendant, saw him, and found the hæmorrhage as bad as ever. Applied various styptics without doing much good. On the 21st, Dr. Hay applied the actual cautery without benefit, attributing this circumstance to the instrument used, the first thing at hand being too thick at the point. I followed up Dr. Hay's suggestion, and used an iron better adapted to reach the bleeding vessel, but with no good result. During the operation the patient started, by which the under lip was slightly burnt. And here I may mention the blood continued to flow from the lip pretty freely for several days.

Our success until the 23d was various, and on that day, if anything,

without interfering with the interests of other medical periodicals at home and abroad, that this Journal is indispensable to all who would most improve their acquaintance with philosophical medicine, or practise the art in its most rational aspects.

MARTYN PAINE."

New York, August 19, 1840.

the hæmorrhage was worse, and accompanied by alarming symptoms, with weak pulse, giddiness, &c. I had serious thoughts it would be necessary to take up the carotid. Towards evening an improvement took place, the bleeding being once more under command by pressure, &c. Mild purgatives ordered, in consequence of a considerable quantity of blood having been swallowed.

At two A. M., of the following morning, I was sent for, as the patient had sunk to an alarming degree. Dr. Hay and myself attended immediately; we found him recovering from a fainting fit. Wine given, &c. He rallied; and upon examination found there was now no active hæmorrhage from the original source; nor was there any afterwards. In the course of the day Mr. Nasmyth, of George street, saw the case, which was going on favorably, with the exception of a tolerably smart oozing from the gums, and slight bleeding from the left nostril, which commenced after the hæmorrhage from the alveolus had become less active. Upon the removal of the bandages the face was found much discolored and swollen from the effusion of blood into the cellular tissue, giving all the appearance of the result of a blow. Pulse good; countenance less anxious; getting a quiet sleep occasionally; the sloughs drying up under the use of the camphorated spirit, and latterly of turpentine, with no increase of hæmorrhage. Mild aperients given; a little wine, and the use of tonics: up to the 27th, upon the whole, continuing to improve. The oozing from the gums and nostril being occasionally troublesome, a strong solution of the nitrate of silver was painted over them with advantage. At this stage Dr. Hay and Mr. Nasmyth considered it unnecessary to continue our meetings as we had done, but to see him occasionally, Dr. Hay taking charge of the case, the patient remaining much in the same state until the 7th of January, 1842.

I had not seen the case for two days, when Dr. Hay informed me that a change for the worse had taken place—all the old symptoms, aggravated by a severe pain all over the mouth and head. Mr. Nasmyth and myself saw the patient on Sunday, the 9th, the third from the removal of the tooth, and found him much reduced; the gums turgid to a remarkable degree, and of a deep purple color, almost covering the teeth, and bleeding freely; the blood was again oozing from the alveolus, and slightly from the nostril; the features collapsed; complained of blindness; the cheek still discolored, and all the symptoms of the disease "*purpura hæmorrhagica*" more decided. Mr. Nasmyth employed a solution of the proto-nitrate of mercury to the gums, which only checked the hæmorrhage for a short time. Wine (claret) given freely, stimulants, tonics, &c.

On Sunday, the 9th, Dr. Abercromby was consulted; but although all was done that such eminent men would be expected to do, death put an end to this painfully-interesting case on the Tuesday following, being three weeks and two days in duration.

In the course of my practice I have met with several cases of severe hæmorrhage following the extraction of a tooth, but have always succeeded, with the exception of the above case, in arresting it by pressure. In one case in particular the hæmorrhage was alarming. Upon

examining the mouth, I discovered a portion of the alveolar process that had been splintered; upon removing this and the clot which nearly filled the mouth, and, in fact, was acting as a poultice, and washing out the bleeding alveolus with warm water, I cut a small piece of sponge tent nearly to the size of the cavity, and pressed it firmly down with lint; over that a compress of cork, and all securely bandaged, with complete success. The heat of the mouth softens wax; but sponge expands, and being confined must of necessity press upon the mouth of the bleeding vessel. I have occasionally tried replacing the tooth with lint wrapped round the fangs, but never could depend upon it, but should think it would answer well with any of the single-rooted teeth, or bicuspid: I never had occasion to try it in any of these teeth. In passing I may remark, that in all the cases that have come under my notice, I never saw the application of the actual cautery of much service; still in extreme cases we are bound to employ it.—*London Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 13, 1842.

THE STATE LUNATIC HOSPITAL AT WORCESTER.

WE copy the following extracts relating to this favorite Lunatic Asylum, from Dr. Woodward's last annual report.

"There have been under our care during the past year 399 patients, of whom 195 were males and 204 females. At the commencement of the year there were 236 patients, of whom 122 were males and 114 females. There were admitted in the course of the year 163 patients, of whom 73 were males and 90 females. There remain at the close of the year 232 patients, 116 of each sex.

"As the accommodations for each sex are about equal in the Hospital, the numbers can never be very different while the institution is full. For some years the number of males greatly exceeded the number of females; for the last two or three years, the number of females admitted has been the greatest, so as, at this time, very nearly to balance the number of each sex that have resided in the house.

"In the course of the last year, 167 patients have been discharged from the hospital, of whom 77 were males and 90 females; of these, 82 were recovered, 38 males and 44 females; 36 were improved, 15 males and 21 females; 37 were not improved, 17 males and 20 females; and 12 have died, 7 males and 5 females. Of the patients discharged, 68 have been insane less than one year, 28 males and 40 females; of this number, 62 have recovered, 26 males and 36 females; 2 were improved, 1 male and 1 female; and 4 died, 1 male and 3 females.

"Of the patients discharged, 99 were insane more than one year, 46 males and 53 females; of these, 20 recovered, 9 males and 11 females; 34 were improved, 15 males and 19 females; 37 were discharged, as harmless, for want of room, 17 males and 20 females; and 8 have died, 5 males and 3 females. One female died very suddenly, of an attack of

inflammation of the bowels, after she had fully recovered from insanity, and was waiting for a place to be prepared for her reception, her health not being such as to admit of severe labor. This case is placed with the recovered in the table.

"The number of deaths has been less in proportion than any previous year but one. There was a time, during the latter part of summer, when bowel complaints were prevalent in the Hospital, which proved fatal to one or two invalids; the remainder of the season has been healthy. No epidemic has ever visited the hospital; and a large proportion of deaths in this, as in former years, have been from chronic complaints, among a class of patients wholly incurable. Of those who have died the past year, three only had resided in the hospital, the others having entered in the course of the year.

"Three only of the old cases, remaining at the close of the last year, have died in the course of the year, and very few have been discharged; of course, a large number of the residents are old incurable cases, and many of them are demented. We usually have about 200 of this class; and the remainder, not generally averaging over 30 at a time, are all the cases that afford any chance of recovery. It will be seen by the table that we have now but 62 cases who have been insane less than two years, while 170 have been insane from two to thirty years and upwards. The average residence of the curable cases is about four months; these must change nearly three times a year, to enable us to report our usual number of recoveries. An old case occasionally recovers; we have had a few interesting cases of this character. Comparatively few recover who have been constantly insane for two years; and, after five years, a recovery is very rare. Fifty-two patients, now in the hospital, have been insane between 2 and 5 years, 44 between 5 and 10 years, and 73 more than 10 years. By far the greatest number of our patients are between the ages of 25 and 45, viz., 129; and the largest number of any 5 years, between the ages of 30 and 35, viz., 37. These facts would show that insanity is most common with persons of active life, when the mental and physical powers are at their acme, and when the responsibilities of life are the greatest.

"There is one cause that has brought so many individuals to the hospital, within the last few years, and is so fatal in its tendency, that I am unwilling to pass it over. In these cases, which, in a short time, have amounted to fifteen in number, the difficulty has been connected with intemperance, and, probably, has arisen from it; it seems to me to be a partial paralysis of the brain. In most of the cases, for some time before any indications of insanity have existed, there has been observed a slight unsteadiness in the gait, a little difficulty in the speech, an irregular contraction of the muscles of the face, in speaking or laughing; sometimes the senses have been impaired, and the power of memory lost or diminished. The slightest affection of the limbs, in walking, resembles the gait of an old man, and this is increased to the tottering and unsteady step of the drunkard. The character of the man changes by degrees; if he has been prudent and saving, he suddenly becomes lavish in his expenditures, desires to change his residence, and is, perhaps, jealous of his neighbors and wishes to leave them; this is, probably, the first symptom of disease. When insanity follows these precursors, no matter how well in health the individual may be, the seeds of death are sown in his system, the fatal mischief is at

work upon his brain, and he will inevitably die. Ten of the fifteen cases I have mentioned, have died, and most of them suddenly; when I see such a case, I am able to predict the event with the greatest certainty.

"At first, many cases of this character gain strength, flesh, and vigor of intellect, and, under other circumstances, we should feel encouraged, but it is all delusive; a fit of apoplexy, of epilepsy, or other convulsions, will inevitably cut off all the prospects of amendment, and often terminate life very suddenly. In other cases, a fatal marasmus wastes the powers, and the patient emaciates to a skeleton, and lingers a life of prolonged misery, with the greatest possible suffering of body and mind.

"Periodicity is one of the most inexplicable circumstances connected with insanity. Why it is that on one day, or once a week, a patient should be in the highest state of excitement, and the alternate day or week be quiet and rational, is quite unaccountable. There are, at this time, many cases in the hospital that have these paroxysms, in which they are, at each time, as violent and furious as a recent case of insanity; this excitement is followed by a rational period, or, what is more common, a period of depression. If this lucid interval is short, they continue permanent residents; if a year or more in duration, they leave the hospital, return to their friends, transact business, and are, in all respects, rational and responsible. The cases with frequent paroxysms are frequently grievously tormented, during the interval when the excitement subsides, with neuralgic or rheumatic pains."

*American Vegetable Practice.**—Reference was made, some weeks since, to the publication of a large volume on "*The American Vegetable Practice*," &c., by Morris Mattson. The work is divided into six parts, viz.: 1. Concise view of the human body, with engraved and wood illustrations (which is unobjectionable); 2. A glance at the old school practice of medicine (being the essence of fault-finding); 3. Vegetable Materia Medica, with colored illustrations (not original. The plates are certainly beautiful, and exceedingly creditable to Miss Neagus, of Boston, who furnished most of the drawings); 4. Compounds (a catalogue of matters and things that the author will have little faith in if he lives to the common age of man); 5. Practice of Medicine, based upon what are deemed correct physiological principles (by whom? might with propriety be asked); 6. Guide for Women (containing a simple treatise on childbirth, with a description of the diseases peculiar to females and infants).

Mr. Mattson seems to entertain so terrible a grudge against the fraternity of regular physicians, that the reader is almost induced to suspect he either wishes to be revenged for some fancied personal wrong, or else he hopes for profitable notoriety by stirring up the people to believe there is not another honest man besides himself, who deals in drugs, in all Christendom. This state of feeling is the more extraordinary, since those who have an intimate acquaintance with Mr. Mattson, speak of his exceeding benevolence, social disposition, and uniform honesty and fair dealing in whatever relates to the opinions, talents or weaknesses of others.

* *The American Vegetable Practice*, or the new and improved guide to health, designed for the use of families, &c. &c. By Morris Mattson, Physician to the Reformed Boston Dispensary, &c. 3 vols. 8vo. in one. Boston: Daniel L. Hale. Pp. 706. 1841.

From the prefatory address to the American reader, it seems this treatise had its origin in a quarrel between the author and that sage, self-styled medical reformer, Samuel Thomson, whom Mr. M. plainly intimates will never be transported to Botany Bay on account of a redundancy of wisdom. To one who looks on, without part or lot in the matter, it appears that a deep game is playing between them for a high stake; both covet it, and both intend to have it too. In short, it is a sort of tempest in a tea-pot, to ascertain who shall command the odds and ends of society—those who feel called upon to aid with their whole strength in putting down the horrible vice of the regular practice of medicine. Mr. Mattson is one of the last persons whom we should have suspected, from all accounts, of being ambitious to reign king in Lilliput. For ourselves, we are persuaded that he will be excessively chagrined, some half a dozen years hence, that he committed himself so grossly. With more light, which must break in upon him, this non-descript offspring will appear a mortifying memorial of immature judgment, and, perhaps, confessed ignorance.

Lastly—is there an original idea in the whole work? If there is, those who admire the system which it advocates will be entitled to all the benefits arising from the discovery. That part expressly written for the study of females, *the guide to women*, being the sixth part, is a congeries of scraps, picked up here and there, having but a slender connection in some places, and, taken as a whole, will prove a blind guide to those about being mothers. What can Mr. Mattson know about midwifery? He is a young man, unmarried, having had certain Thomsonian advantages for acquiring knowledge—and what are they? Will he dare pretend that he is a critical anatomist? And yet, forsooth, he writes a guide-book for females! He seems to have selected from an extensive library whatever he imagined was best adapted for swelling the tome. In the end, no one will give him credit, because a man with one eye may see that two thirds of all that is ostensibly his own, is positively selected from the writings of that very class of men whom he holds up to his followers as utterly unworthy of their notice. As was remarked on a former occasion, it is to be regretted that such industry should not have been more advantageously directed. With all the elements at command which would ultimately lead to usefulness and permanent distinction, Mr. Mattson has certainly made a signal failure, if the object in view was fame with men of understanding.

Medical Science in Connecticut.—Circumstances enabled us to pass a day in a very agreeable manner at New Haven, a short time since. An opportunity was thus afforded for visiting the medical college located in that city, the hospital, and whatever else appertains to the institution of medicine in that quiet, beautiful place. If other physicians who have it in their power would avail themselves of the polite attentions of the faculty, and examine into the facilities afforded there for pursuing the study of physic and surgery, they would be highly gratified. The medical college is large, well ventilated, and contains a cabinet which any school might be proud to possess. We intend devoting a page, at a convenient time, to the consideration of the science of medicine in Connecticut; its conveniences for educating students; and the value of a medical education acquired under the careful instruction of such men as Drs. Knight, Hooker, Beers, Bronson, and their able and learned associates.

Medical Controversy.—The reader will see in the Journal of to-day a letter from Dr. Forbes, of London, addressed particularly to the editor of this Journal, on the subject of the unhappy misunderstanding between that gentleman and our respected friend Dr. Martyn Paine, of New York. It was due to Dr. Forbes to allow him to vindicate himself through the channel in which he conceived a literary injury to have been inflicted. All necessary explanation, as we think, having now been made on both sides, we shall decline publishing anything further upon the subject, from any source.

Diseases of the Chest.—Lectures on the diagnosis, pathology, and treatment of the diseases of the chest, by W. W. Gerhard, M.D., of Philadelphia, in the form of a large octavo, in double columns, come to us from the prolific press of Messrs. Haswell & Barrington. These lectures contain the results of the author's observations, derived indirectly from the different authors who have written on the subject, but in all cases verified by himself at the bedside, or in the amphitheatre.

Arsenic instead of Quinine.—A communication was made to the Academy of Sciences, Paris, by M. Boudin, chief medical officer of the military hospital at Marseilles, on the use of minute doses of arsenic as a substitute, or partial substitute, for quinine, in the cure of agues and certain classes of fever. The quantity of quinine used every year in Algeria, for the French army, was valued at between four and five thousand pounds a year, and therefore the cheapness of arsenic rendered the partial substitution of this substance of great importance.—*London Lancet.*

MARRIED.—Dr. Wm. H. Tremain, of New Marlborough, Mass., to Miss L. A. Belknap.—At Barre, Vt., David Dodge, M.D., to Miss H. M. Burnham.

DIED.—At Waterbury, Conn., Dr. Benjamin Brockitt, 78.—At Cape Palmas, Africa, Dr. Wilson, a missionary physician, of dysentery.—At Monticello, Miss., Dr. Z. E. Pendleton.

Number of deaths in Boston for the week ending April 9, 53.—Males, 22; Females, 31. Stillborn, 3.

Of consumption, 8—scarlet fever, 10—erysipelas, 2—marasmus, 1—inflammation on the breast, 1—pleurisy, 1—disease of the heart, 1—dropsy, 1—inflammation of the lungs, 1—lung fever, 3—debility, 1—dropsy on the brain, 2—child-bed, 2—bilious colic, 1—croup, 3—old age, 1—dropsy in the head, 1—apoplexy, 1—tumor, 1—smallpox, 1—abscess, 1—typhus fever, 1—drowned, 1—fits, 2—rheumatic fever, 1.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.

Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.

Practice of Physic, by JAS. SEWELL, M.D.

Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. SEWELL, M.R.C.E.
JNO. RACY, M.D.E.

INSTRUMENTS.

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Jy 28—eoply

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LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

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Mh. 23—tf

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THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

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WEDNESDAY, APRIL 20, 1842.

No. 11.

CROTON OIL IN TIC DOULOUREUX.

BY J. A. EASTON, M.D., MEMBER OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW, ETC.

THE following is an addition to the facts, already published, regarding the efficacy of croton oil as a remedy in tic douloureux.

The observations of Janelli, of Sir Charles Bell, Dr. Newbigging, Mr. Cochran (of Edinburgh), and others, on croton oil as a remedy in nervous diseases, induced me to try that medicine in the subjoined case, which presented itself on the 10th inst. On that day I was requested to visit Mr. W. M., a gentleman, whose vocation as a commercial traveler necessarily exposes him to the full force of those atmospheric changes which take place so frequently in our northern climate. Four days before this, Mr. M. had travelled for five hours, from 5 to 10 P. M., on the top of a coach, during the prevalence of a piercing easterly wind. The day after this journey, he was seized with intense pain in the left side of the head; to relieve which, he applied of his own accord eight leeches to the affected part, and had recourse to Epsom salts and other purgatives. Deriving no benefit from his stock of *domestic therapeutics*—which he had completely exhausted—my services were requested on the 10th, as already mentioned. Pain, represented as excruciating and darting, is experienced at stated periods in the left side of the scalp from forehead to vertex, while pressure on the trunk of the left supra-orbital nerve augments his sufferings to an almost intolerable degree. The headache commences about 5 in the afternoon, and continues without intermission or abatement for fourteen hours, during which the patient is so distractingly agonized that he feels a strong desire to dash his head on the wall, or on any other solid body that is within his reach. His friends state, that at this period he is slightly incoherent. With the termination of the dreaded fourteen hours, return tranquillity of mind and alleviation of pain. The bowels are regular, the pulse is 80, the skin cool, the tongue whitish; but it ought to be mentioned, that when these observations were noted, the headache, though severe, was comparatively tolerable. The following was ordered:—R. Croton oil, gtt. ij.; compound extract of colocynth, grs. xij. Make into four pills, of which let one be taken every two hours.

On the next day (the 11th) the headache was greatly relieved, though by no means removed. The medicine, to use his own language, had produced "above forty stools" of a yellow color and most offensive smell. The urine was greatly increased in quantity, and of a deep-red

color. Desirous to follow up the success which had been evidently obtained, I ordered the pills to be repeated; but the severe purgation which they had induced formed an obstacle to their administration, which neither argument nor entreaty could overcome. Under these circumstances the treatment at first adopted was abandoned, and the following was substituted:—R. Arsenical solution, gtts. viij. Three times a day.

12. Pain of head returned yesterday afternoon with nearly equal intensity, and Mr. M. has passed a sleepless night. Will not consent to take the pills which were prescribed on the 10th. Increase the dose of the solution of arsenic to ten drops; and let half a drachm of tincture of aconite be rubbed upon the painful part of the head, morning and evening.

13. No change. Headache as severe as formerly, and of the same duration.

14. Headache as intense as on the 10th. Patient, having an impression that death will soon terminate his sufferings, will now submit to anything in the way of treatment. Omit the solution of arsenic and tincture of aconite. R. Croton oil, gtts. ij.; crumb of bread, q. s. Make into four pills; one to be taken every three hours.

15. Pain of head did not return until five hours after the usual period, and, when it did commence, was less severe; alvine evacuations frequent, but neither so copious nor offensively foetid as formerly, and of natural color; urine greatly increased in quantity. Continue the pills.

16. Had only four hours of pain, which was moderate and tolerable; alvine evacuations abundant, but not profuse; no note of state or amount of urine. Continue the pills.

17. Has had no headache since last visit; slept well last night, and is refreshed, composed and cheerful. Take one pill night and morning.

18. No return of headache; feels perfectly well, and is anxious to resume business. Pills produced no greater action upon the bowels than what an ordinary laxative might have been supposed to have induced.

24. Continues free from headache up to this date.

Remarks.—That the benefit in this case was owing to the croton oil is evident, I think, from the circumstance, that this medicine was the first thing to make an impression on the disease, which had resisted ordinary purgatives and the application of leeches to the head; and further, that when the oil was intermitted, the headache returned with its former intensity—yielding neither to arsenic—valuable so frequently in such cases—nor to that excellent anodyne, the aconitum napellus. Secondly, that the beneficial effects of the remedy were not owing to its action as a mere purgative, but to something specific in regard to the disease for which it was administered, appears likely from the circumstance, that this patient had previously had recourse to the more usual purgatives, had induced profuse catharsis, yet experienced no mitigation of suffering. Thirdly, in what this specialty of the croton tiglium consists, or through what media it develops itself, I am unable to say; but I cannot help calling attention to the circumstance, that the urine was increased in quantity, and was evidently denser than usual, and that the alvine evacuations were of a “yellow color and most offensive smell.”

Now these are precisely the more important physiological actions of *colchicum autumnale*, so valuable an agent in articular rheumatism, to which, in my opinion, neuralgia bears a strong resemblance. The seat of this latter ailment is, I conceive, in the fibrous neurilema, while under the influence of that modified form of inflammation which is set up in the fibrous structures of the joints when they are attacked with rheumatism. Not only does identity of tissue support this view of the pathology of the disease, but similarity of symptoms also, particularly the characteristic tendency in both maladies to periodical exacerbations and to intervals of comparative repose. Dr. Lewins, of Leith, has demonstrated from chemical analysis, that by the exhibition of the meadow-saffron the specific gravity of the urine occasionally rises from 1.009 to as high as 1.037; and that the cause of this increased density is the augmentation of urea and of urate of ammonia, results which Dr. Lewins tells us have been verified by Professor Chelius, of Heidelberg. By the influence of *colchicum* also, as well as by that of *croton tiglium*, the alvine evacuations assume a bright yellow color, the liver being stimulated apparently through the duodenum, in accordance with the physiological law, that when a membrane is irritated on which an excretory duct opens, the gland from which that duct proceeds is excited to unusual secreting activity. Can it be then that the *croton tiglium* is similar in its action to the *colchicum autumnale*, and that it does good in *tic douloureux* by inducing the same effects that *colchicum* does when it alleviates the sufferings of the gouty and the rheumatic—by eliminating urea and uric acid salts through the urine when these highly nitrogenous productions of the blood are in excess, and thereby the sources of constitutional irritation, and also by causing a supersecretion of bile? We know that *colchicum* is an invaluable remedy in fibrous or articular rheumatism; and if I am correct as to the pathology of neuralgia, and if *croton* oil is beneficial in that disease, is it unreasonable to suppose that two remedies which cure similar complaints should do so in a similar manner?

This case and these speculations have been published chiefly for the purpose of directing the attention of the profession to this subject, to the effects especially of *croton* oil on the kidney, and to the character of the urine under its influence; for I feel conscious that I did not, in the above case, examine that secretion so minutely, as to warrant me in trespassing any longer on the indulgence of the reader.—*London Lancet*.

NEW YORK STATE LUNATIC ASYLUM.

[THE following minute and valuable account of the origin and progress of an insane hospital which is intended to be the largest in the world, is extracted from the Oneida Whig. Our principal object in copying it is to place on scientific record, a paper that may be of consequence to medical inquirers in collecting statistical memoranda in regard to asylums for the insane in our country, which are becoming more and more valuable with the lapse of time.]

The New York State Lunatic Asylum was founded by an act of the

Legislature, passed at its session in 1836. Under that act, commissioners were appointed by the Governor to examine and select a suitable site for the buildings, and an appropriation of \$10,000 was made for that purpose. A further sum of \$50,000 was appropriated to commence the work. In the ensuing year, the commissioners, after a careful and thorough examination of many of the most favorable locations in the State, made choice of that on which the main building now stands. It is on a beautiful and elevated position, situated about one mile west of the heart of Utica, and commands a fine view of the city, and adjacent villages of Whitesboro', Yorkville, York Mills, and New Hartford.

Owing to the delay occasioned by a difficulty in procuring the land, the work was not commenced until the spring of 1838, when the foundations were laid according to a plan contemplating the erection of four buildings, each of 550 feet front, placed at right angles to each other, facing outwards. They were to be connected at the angles by verandahs of open lattice work, and each building was to be three stories high exclusive of an attic and a basement. The surface enclosed by the foundations, measures $13\frac{1}{2}$ acres, of which the buildings are to occupy $2\frac{1}{2}$ acres.

Nothing farther was done during the year than the laying of these foundations, as in their construction the first appropriation was exhausted. The Legislature, at its ensuing session, considering that the condition of the State finances would not warrant the continuance of the work on so large a scale, wisely directed that all work on three of the foundations should cease after they had been raised to a level, and secured against injury from rain and frost; they also made an appropriation of \$75,000 for continuing the work on the main building, as it had been originally contemplated. Since that time, two appropriations of \$75,000 each have been applied to its construction, and with these several sums the main building fronting to the north has been completed, and awaits only the sanction of the Legislature to be occupied.

This edifice is of the Grecian Doric order of architecture, and is constructed of a dark-grey limestone, quarried at Trenton, about eleven miles distant from Utica. The stone is finely dressed, placed in even layers and pointed with a cement as lasting as the stone itself. This limestone is as durable as granite, and on a sun-shining day it sparkles so as to resemble that stone very closely.

Approached from any direction, the building presents an imposing appearance. Its massive cut-stone columns (the largest in the Union), its beautiful style of architecture, and its elevated and commanding position, give it an appearance of imposing grandeur, equalled by no other structure in the State. It is composed of a centre building, two middle, and two end wings. The centre, intended as a place of residence for the superintendent, steward, and other officers of the Asylum, is four stories in height exclusive of an attic of 20 feet, and a basement. It is surmounted by a beautiful dome, from which a fine view can be obtained of a rich country around, embracing every variety of landscape.

The wings of the building are intended solely for the use of patients and their attendants, and in their internal arrangement great care has

been taken to introduce every modern improvement to render what the purposes of such an institution would require—a durable and convenient hospital, combining all the requisite guards against the escape of patients, with as little the appearance of a prison as possible, and affording every facility for the comfort, well being, and cure of its unfortunate inmates.

The centre comprises, on the first floor, two dining rooms for patients, one communicating with the hall of each wing; one private dining room for the family of the superintendent; two drawing rooms and an office for the physician. Connected with each dining room are dumb waiters, communicating with the kitchens underneath, from which food is supplied. A closet to contain the table furniture, and a wash-sink to cleanse the same, are also attached to each dining room. In the rear of the patients' dining rooms is a verandah supported by cut-stone pieces, between which an iron sash work is secured to guard against the escape of patients. Here that class of patients who are not kept in close confinement can resort at all hours during the day, communication with the wings being opened by doors at the ends of the halls. The arrangement of the second and third stories is the same as the first, with this exception: the space over the drawing rooms is divided off in each story into four sleeping apartments. The dining rooms are the same as in the first. In the fourth story an apartment 93 feet by 36, and 18 in height, and capable of seating one thousand persons, has been finished in a plain and substantial manner for a chapel. The remainder of this story is divided into seven small sleeping apartments. In the basement of the centre are the kitchens, one under each tier of patients' dining rooms. They contain, besides the usual appendages to such apartments, two wrought-iron ovens of a circular form, with revolving pans heated by a furnace underneath. The ease and facility with which all kinds of baking can be done in these ovens, renders them valuable additions to this department. Forty loaves of bread can be baked in each oven at one time, and yet the whole surface covered by either one of them does not exceed twenty-five square feet. In addition to the kitchens, the centre basement contains one wash, one dry, one ironing, and one engine and pump room. The wash room is furnished with a row of tubs supplied with cold water from cisterns in the wings, and with hot water from a reservoir in the same room. The water is heated by passing a current of steam from the boiler in the engine room adjoining, directly into the reservoir, which is two-thirds filled with cold water. This method has been found the safest and most expeditious, and is a great convenience when such large quantities of hot water are constantly required. The drying room is warmed by steam brought from the boiler, and conveyed through cast-iron tubes around three sides of the apartment and terminating in another. A sufficient degree of heat is thus kept up to answer all the necessary purposes of drying clothes, &c.

In the engine and pump room is placed a high pressure steam engine of six horse power, with a boiler of sufficient capacity to supply an engine of double that power. The surplus steam is to be used for the purposes above mentioned, and also for heating water in tanks in the attics of the wings, which are to supply the bath rooms and the wash sinks connected

with the dining rooms. The engine is to be used for forcing water by means of pumps into large tanks in the attics, when through dryness of the season they have failed to be supplied with rain from the roofs above.

The middle and a portion of the end wings are divided into wards 10 feet square for the use of the patients, with halls 13 feet in width extending from the centre building to the extremities of the end wings. A portion of the end wings is reserved for the use of attendants. One of the wards in each story of each middle wing is to be used for a bath room, another for a water closet. Two distinct and separate flights of steps afford communication between the different stories. Each story of the wings is, on account of the brick partition walls, essentially alike: 225 patients can be accommodated in the building without making use of the attics and basements, which can be occupied if necessary. By using these, some 40 more patients can be accommodated. The greater part of the rooms in the attic are intended for the use of the domestics of the establishment. In this story are placed two large water tanks, each capable of containing 300 hogsheads of water. These are lined with lead, and are to be supplied as far as possible with rain water from the roof; when this fails, the mode before stated will be used.

There are also two other tanks of lesser dimensions, which are to be used as hot-water reservoirs for supplying the bath rooms, &c., underneath. The water is heated in the same manner as in the wash room in the basement.

The wings to be occupied by the patients, are warmed by heated air from furnaces in the basements. In the basement of each wing two large cast-iron furnaces, each weighing 4000 pounds, and calculated to burn four-feet wood, are placed, and are so constructed as to admit a current of fresh air from the exterior of the building, underneath the bottom plates. From these the air passes through tubes running perpendicularly to the top of the furnace, and becoming heated in its passage is confined in a chamber above, whence it is conveyed by means of iron tubes through the walls into the upper halls. Two openings, one on each side, admit the warm air into the halls, and from these it passes through lattice openings over the doors, into the various apartments, diffusing throughout the whole building an equal temperature, which can be regulated at pleasure by means of slides at the openings in the walls, or at the connection of the tubes with the hot-air chambers. This method of warming the building has been fairly tried, and found to work admirably.

To guard against the escape of the inmates, an outer sash of cast iron is secured to each window-frame in the wings. The glass window can be raised at pleasure, as it is hung with pullies and weights, but the iron sash being immovable offers a barrier through which escape would be impossible.

In order to keep up a free circulation of pure air throughout the building at all times, a ventilator opens into each ward and admits the passage of fresh air from flues in the walls communicating with the outer air at the extremities of the building.

To prevent the noise in one story from being heard in another, to the

disturbance, perhaps, of a convalescing class of patients, the floors are made double, with a thick coat of mortar laid between each planking. This answers the double purpose of preventing the passage of sound, and of retarding the communication of fire from one story to the other until measures can be taken to subdue it.

All the work of the building, both external and internal, is of the most durable kind. The materials generally are not of a perishable nature, and the mechanical execution is equal to anything in the State. Externally, it is impenetrable to fire. Internally, no fire could make serious progress before it could be quenched. The walls of each partition are of brick, one foot in thickness, and are carried up to the roof, which is covered with tin plate.

The grounds immediately adjoining the building, are to be laid out in grass plats, flower gardens, &c., with gravel walks, and further beautified by shade trees, plants, shrubs, &c. Connected with the Asylum is a productive farm of 130 acres, on which can be raised all the vegetables that may be required for the consumption of the great lunatic household. Much of the labor can be performed by the hands of the lunatics themselves, as experience has proved that nothing so much as employment contributes to the restoration to reason of those patients who, previous to the attacks of insanity, were engaged in some active employment.

The manner in which all the work about the building has been performed, shows that none but skilful mechanics were engaged in its execution, and we venture to say, no building of such magnitude in the United States has been put up with the rapidity of this.

The whole amount of money expended on this building has been about \$230,000; and on the foundation of the others, not far from \$40,000 more. The site was purchased at a cost of \$16,000, \$10,000 of which was appropriated by the State, the remaining \$6,000 was contributed by the citizens of Utica. When the whole work shall have been completed according to the original plan, it will form the greatest institution of the kind in the world. As it now is, it surpasses any other lunatic asylum in the United States, both in point of magnitude, and excellence and adaptation of internal arrangement. It is a noble monument of the public spirit, as well as of the benevolent feeling of the legislators of the Empire State, and it will stand for ages as an evidence of the enlightened and liberal spirit of the present generation.

**MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.**

[Communicated for the Boston Medical and Surgical Journal.]

DEFORMITY consequent upon the Cicatrix of a Burn.—Adhesion of Chin to Sternum.—Operation.—A healthy, single woman, æt. 19, twelve years since was severely burned on the upper part of chest, neck and lower part of face, in consequence of her clothes taking fire. Very little attention was paid to obviate the contractions of the integuments,

always attendant upon the cicatrization of solutions of continuity due to this cause; and at the end of seven months after the accident, the wound was perfectly healed, with the skin of the chin closely attached to that of the upper part of sternum, and the motions of the lower jaw entirely destroyed.

She entered the Hospital February 28, 1842, presenting the following appearances:—The chin was closely united to sternum by hard, firm cicatrices, which extend over the upper part of chest, over chin and up the sides of the face as far as the lower part of ears, on the right side as far back as extremity of clavicle, and on left about two inches further back, allowing to the head a motion of only about half an inch. The under lip was completely everted, and the lower jaw, the development of which had been arrested in a considerable degree, was protruded and bent downward in such a manner that the incisor teeth projected almost directly forward, not being capable of approximation to the upper jaw by at least two inches: the first molar tooth of upper jaw, in consequence of this displacement and deformity, strikes upon the second molar of the under, which two teeth are the only ones useful in mastication, and these to a very limited degree. There has been some temporary inconvenience from the inability to retain the saliva, but this is of rare occurrence.

In addition to this deformity of the lower jaw, this traction upon the lower part of the face, maintained through so large a portion of the time occupied by the growth of the parts to their state as in the adult, had exerted a very sensible effect upon the facial integuments, and even bones, quite to the forehead; the lower lids being drawn down, the cheeks flattened, and a general elongation given to the face, in addition to that simulated by the position of the lower jaw. In a word, the deformity was one of the worst of its species, and the appearance of this young woman, whose countenance might otherwise have been pleasing, gave a sensation of pain to every one who saw her.

To remedy, if possible, this disagreeable condition, the following operation was performed. The patient lying upon the back, an incision was made through the cicatrix, beginning two inches back of the middle of left, and extending around to the middle of right clavicle, passing within an inch of under lip; by this first incision, the cicatrix was nearly divided, and about half an inch gained in the motion of the head. The dissection was then continued in a very careful manner through the remainder of the cicatrix and the cellular membrane beneath, the power of elevating the head being increased at each stroke of the knife. The superficial parts being thus divided, the sternal heads of the mastoid muscles were seen in each side of the trachea, firm and rigid, and evidently restraining entirely any further raising of the head; both of these were consequently divided, and the chin was thus separated about three inches from sternum, leaving a wound six and a quarter inches long by three and a half broad, on each side of which the pulsations of the carotids were distinctly visible. In making the first incision, both external jugular veins were divided, but no vessel requiring a ligature. A compress wet with cold water was applied to the wound, and the patient was placed upon the back in bed, with no pillow under the head. In the afternoon

there was some hemorrhage from the wound made in the left jugular vein; this was tied by the house-surgeon, and the bleeding arrested. Scraped lint was then applied to the whole wound. Since then the wound has progressed slowly towards cicatrization.

About the middle of March she had a slight erythema about the left shoulder, which, however, lasted only a few days. The wound is now in progress of healing, and the patient will eventually have an increased motion of the head, and also the power of elevating the lower lip, perhaps to a degree sufficient to partially conceal the deformity of the lower jaw, which latter may be relieved by a further operation, should the patient be willing to submit to it.

DR. SHIPMAN'S EXPLANATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I notice an article in your Journal of March 9th, referring to a communication in relation to the case of mal-practice which was tried in this county some time since, and purporting to give the condition of the plaintiff in the suit. "A correspondent," you observe, "under date of February 21st, asserts that the patient whose treatment has been the bone of contention till all the neighboring profession are by the ears, is again in the alms-house and very feeble; the limb, he says, has never been healed, and he intimates that an amputation may yet be necessary." I am exceedingly sorry that any one of our profession, however close he might be driven to the wall, should so far forget himself as to descend to falsehood or other dishonorable means to attain his end. Mr. Smith, the plaintiff, is a poor man, having no family or near relatives in this vicinity. He was at the Alms-house a short time in the winter, but more from poverty than anything connected with the condition of his limb. Having no other home, and unable to procure work at his trade, he resorted to his old asylum, and labored much of his time while there. Six months after the trial, a sinus, which had continued to discharge a small quantity of matter, healed, and has continued sound to this time. This was the ulcer which some of the witnesses on the trial swore "*would remain till death*;" which, as some of my opponents published, was caused by sawing off the bone! and which induced a professor of surgery to testify on the trial "*that the man stood an equal chance of losing his limb*." The present condition of the limb is such that my most sanguine expectations have been fully realized. The bone has united by firm, healthy callus, with much less deformity than might have been expected; indeed, considering the extent of the injury, and all the *circumstances*, I have seldom known a case of more perfect recovery. He travels without difficulty, with a slight limp produced by the shortening of the limb; his bodily health is good, and he is now working at his trade as a carpenter in this village, doing a good day's work, and commanding good wages. Should amputation ever be necessary, it will be for causes that do not at present exist, neither have existed, and I am

sure the poor fellow prizes his limb too highly to part with it merely for the *gratification* of any individual.

Soon after the trial, many conflicting and false reports which grew out of the affair, and were industriously circulated by some of my opponents, induced me to publish a full report of the case, which was corroborated by the statements of several medical gentlemen of the first standing in point of veracity and professional attainments, together with full and correct notes of the testimony adduced on the trial, and some remarks of my own which I considered portions of the testimony demanded. In commenting upon the testimony, I entertained no feeling or desire to injure the reputation of any member of my profession, studiously avoiding personalities, and treating the opinions which conflicted with my own views of sound surgical science with that candor and courtesy which ought never to be lost sight of on subjects of professional controversy. The publication of the pamphlet was solely an act of defence, and no person regretted the necessity of it more than myself. I have ever held myself ready to substantiate every word of it. Every statement which I have made I am prepared to sustain by ample documentary evidence and unimpeachable testimony. My friends and myself have been severely censured, our principles and practice denounced, and for what? For saving the limb and probably the life of a fellow being. If these are acts worthy of condemnation, we plead guilty to the charge, and glory in such crime. A professor of anatomy and of surgery, who were summoned by the defendants on the trial, thought proper, for reasons best known to themselves, to give such opinions as you find reported in the pamphlet. Those opinions were so extraordinary and unexpected, and so widely at variance with the established principles of our art and the dictates of common sense, that I do not believe, on reflection, they will ever advance them again—opinions, which, had they come from some sources, would have demanded no notice from me; but when emanating from teachers of surgery, they merit a more critical examination. It is doubly important that a teacher of the principles and practice of surgery, advance those doctrines which shall be applied with safety to the treatment of such cases as fall under his own care, or the care of those who go forth into the world imbued with the doctrines which he has taught them. With these feelings and views, I was induced to publish the pamphlet.

The practice which I adopted was such as my own judgment dictated, such as has succeeded repeatedly in my hands, such as I supposed no scientific surgeon would question, and such as I should pursue again under similar circumstances. The principles which I have supported I shall continue to support. I must and shall defend them, if required to do so. I have no desire to push the matter to the injury of any individual, but falsehood and misrepresentation I shall ever hold myself in readiness to refute.

A. B. SHIPMAN, M.D.

Cortlandville, April 10, 1842.

PIN DISLODGED FROM THE ŒSOPHAGUS—INGENIOUS METHOD.

[Communicated for the Boston Medical and Surgical Journal.]

ABOUT thirty years ago I was called in the night to visit a lady about four miles from home, who had accidentally swallowed a pin, which had lodged in the œsophagus, and which caused her some pain and much alarm. I had seen directions for patients, under such circumstances, to swallow a small piece of compressed sponge suspended to a piece of strong twine, by which the sponge could be drawn up again, with the prospect of loosening the pin, and then suffering it to slide harmlessly into the stomach. But from the lightness of the material thus employed, it was impossible for the patient to swallow it. Failing, also, in the use of an emetic, and having no instrument at hand suitable for the occasion, it occurred to my mind to substitute a small leaden bullet for the sponge above mentioned; which, after being thus swallowed and drawn up two or three times, was completely successful. This method has since been used by me, and always with success. Not knowing as such a means has ever been used by any other person than myself, I have thus communicated to you the result, and should you think it of sufficient consequence you may give it an insertion in the Journal, or commit it to the flames, as you may think proper.

C. BANNISTER.

Phelps, N. Y., April 4, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 20, 1842.

LIBRARY OF PRACTICAL MEDICINE.

DR. GERHARD, the American editor of Dr. Tweedie's System of Practical Medicine, has prepared a new edition, which is complete in all its parts. Not long ago the first edition that appeared in the United States was issued in five massive volumes, which necessarily made it an expensive, although a desirable work. The profession prized it so highly that this second edition is called for unexpectedly soon, which is a gratifying evidence of the value placed upon this series of writings. In the new and recently announced edition, the publishers, Messrs. Lea & Blanchard, have studied economy for those who are the patrons of scientific works. By condensing the former five huge volumes, into the convenient compass of three large octavos, the price is very considerably lessened, although the original matter is all there, with such additions and emendations as Dr. Gerhard considered essential to keep pace with modern discoveries and improvements. Copies may be found at Mr. Ticknor's, Washington street; and we would recommend young practitioners, especially, to secure a medical guide which can be followed under all circumstances, with safety and satisfaction, since the principles taught in the dissertations of the Library are immutable.

Regimen and Longevity.—In a notice of Dr. Bell's new work, recently, an intimation was given of an intention of making further observations, which we now do briefly, not with a view to find fault, but to express the satisfaction derived from his boldness in the cause of temperance. On this topic the author speaks out with becoming decision; but on the articles of diet he is evidently very guarded, as though he were fearful of offending some one. Whoever reads the book attentively will feel, doubtless, as we do, that Dr. Bell has concentrated the whole history of the edible vegetable kingdom, cited the best authorities, and given the opinions of every body, but studiously concealed his own, which, with us, would weigh down the most of them. It is suspected that he favors, essentially, a vegetable diet: and if he does, there would have been no sin in saying so. His declaration, either for or against animal food, would be treated with respect by all thinking men who are acquainted with him, as they know that he has no favorite ends to be answered in giving a poise to the question, either way. If Dr. Bell belonged to the new school of boarding-house reformers, who starve to live, and live to starve, making people pay for being miserable as long as their money held out; or if he wrote bastard physiological books, to fill his own pocket, although ostensibly designed to enlighten the benighted minds of a flesh-eating world; if he taught that Moses and the prophets only came into the world for the purpose of correcting the dietetic calendar of the descendants of Abraham, Isaac and Jacob; and lastly, if he were monomaniacal in his determination to be heard, seen and felt in the community, till his name was made a loathing in the highway, he would not command the esteem of those who now take great delight in the results of his literary and scientific researches into the history and philosophy of regimen and longevity.

New York State Medical Society.—By the politeness of the Secretary, we have the late transactions of this Society, being Part 2d of the 5th volume, and containing, as usual, the minutes of a session, and such papers as were communicated from one period to another, by members. One of these, from the president, has been noticed on a former occasion, as a valuable historical document. Dr. Davis's review ought to receive more definite attention than can be given to it in this paragraph. The same remark will also apply to Dr. Purple's resolution. The following gentlemen were unanimously nominated for the honorary degree of Doctor of Medicine, to be conferred by the Regents of the University, viz.: Dr. Levi Farr, of Greene; Dr. Wm. C. De Witt, Saugerties; Dr. Lester Jewett, Geneva; and Dr. Thomas Goodsell, of Utica.

It was resolved that the Society instruct the *Comitia Minora* to present to the Legislature a remonstrance against the repeal of the law prohibiting unlicensed practitioners from collecting pay for their services.

The Society presents the pleasing aspect of a vigorous, energetic association, whose deliberations have constantly in view the honor and usefulness of the medical profession.

Dr. Coventry's Address.—On the 25th of January, at a meeting of the graduating class of the medical students of Geneva Medical College, a request was made of Professor Coventry, Dean of the Faculty, for permission to publish an address which he had delivered before them that

day. The address has accordingly been printed, and comes to us in the form of a neat pamphlet. In the character of the sentiments it promulgates, it speaks favorably for the intelligence, benevolence and parental solicitude of Dr. Coventry, who evidently viewed the gentlemen who had been professionally educated under his own eye, with the partiality of a father. This kind of feeling is a charming feature in the character of a public instructor.—So many works of various kinds are continually crowding in upon the Journal, that it is quite impossible to copy very many excellent papers, that are deserving of an extensive circulation. This, amongst others, has a claim upon the consideration of those about commencing the practice of medicine, and will doubtless be read with delight wherever circulated.

Public Health in Boston.—There is a general impression abroad that it is uncommonly sickly in Boston; but on an examination of the bills of mortality, it will be apparent that no epidemic is or has recently been prevalent in the city. Several sudden deaths, arising from organic affections of the vital organs, seem to have produced some alarm in the community. Very many exciting influences are now operating to affect the health of those who are not sound in body and mind; but when these influences have been overcome, a better state of health will probably return.

Medical Institute of Louisville.—By the attentions of the Librarian, the catalogue of 1842 has been received at the Journal office, containing the names of the students attending the late course of lectures, and a list of fifty-three graduates. The honorary degree of Doctor of Medicine was conferred on George Rodgers, Glasgow, Ky.; George R. Grant, Jacksonville, Ala.; Augustus Webber, Hopkinsville, Ky.; and Geo. Thompson, Jefferson, Tenn. Andrew P. Price, M.D., of Circleville, Ohio; and Thomas W. Colescott, M.D., Louisville, Ky., were admitted *ad eundem*.

Medical Staff of the U. S. Army.—A medical board has been ordered to convene in Philadelphia the 2d of May next, for the examination of assistant army surgeons, for promotion; and for the examination of candidates who wish an appointment in the medical staff of the army. The president is Surgeon T. G. Mower, M.D.; Surgeon H. A. Stinnette, M.D., and Surgeon J. M. Cuyler, M.D., members. Those from the North who wish to go before the board, should be there seasonably.

Transylvania University.—An extra circular is abroad, from the medical department, mainly to contradict the report that the integrity of the Institution was threatened in consequence of the Dr. Cross affair. The Dean, Dr. Mitchell, certifies that "It is due to the Institution and to ourselves, to affirm, as we now do, most explicitly, that the reports referred to are destitute of foundation." It seems, therefore, that somebody has magnified something outrageously, to propagate a slander that has had a rapid run through the United States.

Smallpox in London.—There were 1053 deaths by smallpox last year in the British metropolis; and had it not been for some extra exertion on

the part of certain benevolent individuals, it is fully believed that the mortality by that worst of maladies would have been far greater. Only a little time ago, comparatively, when the smallpox was epidemic in London, 1145 deaths occurred in three months. Notwithstanding the acknowledged efficacy of vaccination, such is the neglect of the people to avail themselves of its protection, that the mortality by smallpox is annually increasing throughout the United States. A few cities, by well-timed municipal laws, encourage vaccination; but throughout the wide-spread country, it is rarely practised except on some sudden alarm arising from the discovery of a case of smallpox near at hand.

Phrenological Journal.—One unacquainted with the scrupulous exactness of Mr. Fowler, the editor, would almost believe that he intended to make merry with his readers in the April No. of his Journal, published on all-fool's day. The No. commences at page 99 and leaves off at 72. Somewhere near the middle is page 120; and directly opposite, page 49! Now this is exceedingly provoking to one who takes as much pleasure as we do, in following out all Mr. Fowler's essays. Send on something more correct than this, or the friends of phrenological science in Massachusetts will suspect the loss of that organ which formerly gave correctness to the sheets of their favorite periodical.

Efficacy of Hydrocyanic Acid in Angina Pectoris.—Dr. Schlessier, of Pietz, relates the case of a man, 48 years old, of a delicate constitution, who had suffered for four years with a disease of the heart, with alteration of the *bruits* of this organ. It was accompanied with periodical accessions of angina pectoris, of vertigo, and of imperfect consciousness. In March, 1839, after great fatigue, undergone during rain, the man was attacked with a sudden paroxysm of asthma, with pain of the chest, dyspnœa, and orthopnœa; there occurred a small dry cough, incessant and fatiguing, which occasionally produced bloody sputa; then at every movement which the patient made, even when he closed his eyes, he experienced an alarming sense of strangulation. With these symptoms there appeared an intense fever, of which the remissions were very short; the heart symptoms had also assumed an aggravated character. Then came on vertigo, hallucination, sometimes loss of consciousness, a feeling of tension, beating of the carotids, and, in short, all the symptoms indicative of a mortal apoplexy. To alleviate this condition, recourse was had successively to general and local bleeding; to cold applications; to sinapisms and blisters; calomel and rhubarb, digitalis, acetate of morphia with squills were administered. These remedies were used during five days without any effect, and had not relieved the sleeplessness and orthopnœa of the patient, which made him every minute wish for death. Herr Schlessier now gave prussic acid. It was given, pure and recently prepared, to the patient in the dose of one drop every two or three hours. An hour after the exhibition of the medicine, the symptoms lost their intensity, and gradually diminished. The sixth day, when the patient took only four doses in the twenty-four hours, all the symptoms of the encephalic and respiratory organs had disappeared. As regards the heart there was no change. After this the patient was subjected to a tonic regimen. For a long time he took alum with rhatany root and extract of lettuce. Three months afterwards the patient was well, and appeared

alleviated even of those symptoms which existed before the last attack. Upon every access of the asthma the patient invariably found relief from the hydrocyanic acid.—*Med. Zeitung—London Lancet.*

On the Use of Oxalic Acid. By DR. NARDO.—Dr. Nardo has employed this acid in inflammations of mucous membranes, and finds that its antiphlogistic action is more marked than that of any other vegetable acid, possessing the property of instantly calming the severe pains, which frequently accompany inflammation of the mucous tissue. He has used it with success in acute and chronic affections confounded under the name of angina, in different inflammations of the mouth, aphtha of newborn infants, gastritis, and gastro-enteritis. The following is the formula he prefers : R. Solution of gum arabic, 3 ounces (94 gram.); oxalic acid, 1 to 2 gr. (15 to 30 per cent.) ; gooseberry syrup, 1 ounce (32 gram.). A tablespoonful (cuillerée à bouche) to be taken slowly at short intervals.—*Brit. Review.*

Medical Miscellany.—Dr. Austin Flint has completed a popular course of lectures on anatomy and physiology at Buffalo, that appear to have given great satisfaction ; our friend Gen. Potter was chairman of a committee that reported several very complimentary resolutions in regard to the course, on the completion of the first series.—A colored woman died at Patterson, N. J., aged 114, leaving a daughter of 70.—Dr. Z. E. Pendleton, of Monticello, Miss., in an attempt to chastise a man by the name of Enghard, was so severely stabbed that he soon died, and the jury decided that Enghard was justified in killing him, in self-defence.—Dr. Mott, says the Traveller, comes out in favor of tobacco, as a preventive, and perhaps a cure, of laryngeal phthisis. This is in accordance with the doctrine first advanced by Dr. Mauran, of Providence, R. I., three years ago, in this Journal, and for which he was severely assailed by the anti-tobacconists.—Mrs. Hawley's school of calisthenic exercises for young misses and small boys, meets with very great encouragement in Boston. All the feeble, puny young masters and misses in the city should be placed under her systematic care, as the most philosophical method for developing attenuated muscles or strengthening a slender frame.—Dr. J. W. Thompson and Dr. Robert McKay, of Delaware, are distinguished members of the New York Home Industry Convention ; also, Dr. J. A. White, of Michigan.—A child in Foster, R. I., was poisoned to death by eating the prepared ends of a bunch of friction matches.—Faneuil Hall cannot be had for the annual dinner of the Massachusetts Medical Society, on the 25th of May, as petitioned for, as it had been previously granted by the city authorities for a total abstinence fair.—The rate of mortality in Vienna, is stated to be 1 in 22 ; Rome, 1 in 24 ; Naples and Amsterdam, 1 in 28 ; Brussels, 1 in 29 ; Madrid, 1 in 35 ; Paris, 1 in 36 ; Geneva, 1 in 40 ; London, 1 in 44.—Dr. Barent P. Staats was last week elected mayor of the city of Albany.—Dr. Stephen W. Williams, of Deerfield, is the orator of the Massachusetts Medical Society on the next anniversary meeting.

DIED,—In Boston, George B. Doane, M.D., 49—as distinguished for his kindness to the sick, particularly the sick poor, as for his skilful treatment of disease.

Number of deaths in Boston for the week ending April 16, 55.—Males, 23 ; Females, 32. Stillborn, 4. Of consumption, 5—pleurisy, 3—debility, 3—erysipelas, 1—infantile, 5—lung fever, 3—dropsy in the head, 1—scarlet fever, 7—old age, 3—child-bed, 5—cancer, 1—fits, 1—disease of the brain, 1—paralysis, 2—inflammation of the lungs, 1—inflammation of the bowels, 2—intemperance, 1—diarrhoea, 1—accidental, 2—disease of the heart, 1—jaundice, 1—rheumatism, 1—hæmorrhage, 1—stoppage in the bowels, 1.

REGISTER OF THE WEATHER,
Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. March.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.	2, P.M.			
1 Tues.	32	43	44	29.61	29.53	29.49	S W	Fair	
2 Wed.	40	49	49	29.23	29.02	29.89	S W	Cloudy	.18 inch rain in the night.
3 Thur.	44	61	63	29.01	29.14	28.20	S W	Fair	
4 Frid.	47	69	65	28.21	28.20	29.20	W	Fair	.08 inch rain. Therm. 70 at 3, 57 at 9 P. M.
5 Satur.	58	40	38	29.05	29.30	29.40	N E	Cloudy	.17 inch rain. Blue birds begin to sing.
6 Sun.	32	32	31	29.60	29.62	29.60	N E	Cloudy	.29 inch rain. Thunder storm at 9 P. M.
7 Mon.	34	40	38	28.35	28.38	29.40	N E	Cloudy	
8 Tues.	28	41	46	29.71	29.63	29.64	N W	Fair	
9 Wed.	32	42	40	29.58	29.39	29.16	S W	Cloudy	
10 Thur.	44	59	52	29.00	29.02	29.16	N W	Fair	High wind.
11 Frid.	41	36	30	29.29	29.10	29.20	N E	Cloudy	Snow at 7 o'clock, A. M.
12 Satur.	12	25	27	29.66	29.80	29.30	N W	Fair	High wind. Zodiacal light.
13 Sun.	23	32	36	28.65	29.55	29.53	S W	Cloudy	Zodiacal light.
14 Mon.	30	42	40	29.58	29.57	29.57	N	Cloudy	
15 Tues.	27	48	44	29.55	29.50	29.49	S W	Fair	
16 Wed.	30	43	44	29.59	29.63	29.62	N W	Fair	
17 Thur.	37	54	56	29.38	29.17	29.15	S W	Fair	Frogs peeping.
18 Frid.	38	51	46	29.42	29.52	29.56	N W	Fair	
19 Satur.	35	60	58	29.48	28.21	29.22	S W	Fair	Trailing arbutus in flower.
20 Sun.	41	56	53	29.35	29.29	29.50	W	Fair	Elms in blossom.
21 Mon.	26	47	44	29.50	29.54	29.54	N W	Fair	
22 Tues.	30	32	28	29.50	29.44	29.46	N E	Snow	Snow in the night.
23 Wed.	22	32	29	29.59	29.65	29.60	N	Fair	Fall of snow about four inches.
24 Thur.	20	43	40	29.69	29.70	29.69	N	Fair	Halo around the moon.
25 Frid.	31	32	33	29.56	29.43	29.29	N E	Rain	Snow in night. Hail storm, with thunder.
26 Satur.	32	40	37	29.11	29.18	29.28	N W	Cloudy	Thunder storm, hail.
27 Sun.	34	46	50	29.43	29.45	29.32	W	Fair	
28 Mon.	38	40	35	29.17	29.35	29.53	N	Fair	Beautiful sunset.
29 Tues.	29	48	45	29.69	29.70	29.62	S W	Fair	
30 Wed.	36	52	48	29.32	29.09	29.05	S W	Rain	.26 inch rain in the night.
31 Thur.	39	35	27	29.12	29.24	29.38	N E	Snow	Snow squall commenced at half past 12.

This month has been unusually pleasant for March; the first part of the time very mild and warm, the few last days chilly, squally and blustering. The barometer has ranged from 28.89 to 29.80; the thermometer, from 12 to 70, mean 41. Rain, 2.24 inches.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. SEWELL, M.R.C.E.
JNO. RACY, M.D.E.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, APRIL 27, 1842.

No. 12.

INEBRIETY IN THE UNITED STATES ARMY.

[The facts in the following article were collected from the Medical Statistics of the United States Army, by Samuel Forry, M.D., of New York; and published in the last No. of the American Journal of Medical Sciences, from which we copy them, with Dr. F.'s accompanying remarks.]

Up to the present day, the statistics of intemperance in reference to etiology, pathology, and therapeutics, have been so loose and unsatisfactory, as not to allow of any accurate deductions. At the same time, all admit that among the various causes by which the vital energies of the human organism are impaired, no one is more efficient. The dreadful effects induced by inebriation are shown in the details of each military post. The writer attempted to condense certain cases under the head of *ebriety*; but as some medical officers reported no such cases, except under the general head of "*morbi varii*," the result, as regards the number of cases, falls short of the reality. Its agency, directly and indirectly, in the causation of phthisis pulmonalis and epidemic cholera, has been abundantly pointed out in these statistics; and its intimate connection with febrile diseases, diarrhoea, dysentery and hepatitis, although not definitely determined, is yet so apparent that it is constantly dwelt upon in the reports of medical officers.

In the northern division of the United States, taking the 40th parallel as the dividing line, the total of cases reported as *ebriety* is 1370, and the deaths 5, being 1 in 274; and in the southern, the total of cases is 2616, and the deaths 58, being 1 in 45. Assuming then that inebriation prevails to an equal extent in the two divisions, it appears that in northern latitudes it is attended with comparative immunity, as regards its immediate effects; for the deaths from this cause average in the northern division 2, and in the southern 23, annually, per 10,000 of the strength. But this subject admits of further elucidation.

Of *delirium tremens* there are reported, in the northern division, 102 cases and 3 deaths, being 1 in 34; and in the southern, 306 and 39 deaths, being 1 in 8. The annual mortality per 10,000 is, therefore, in the north upwards of 1, and in the south 16.

The total of *epileptic* cases, which generally arise from the excessive use of ardent spirits, is in the northern division 166, and in the southern 188, the annual ratio of each being 7.5-10 per 1000; but in this affection, too, the mortality is higher in southern latitudes, being in the former division 1 in 33, and in the latter 1 in 21 cases.

Of *apoplexy* in the northern division, the total of cases is 4, and in the southern 25, the ratio of the latter being six times as high. As the exciting causes of these cases were chiefly the intemperate use of spirituous liquors and exposure to the direct rays of the sun, several being reported as *ictus solis*, the higher average in the south might have been readily anticipated. In the southern division, the ratio of deaths to the cases treated is nearly twice as high as in the northern. As regards *phrenitis* and *meningitis*, it is found that the relative results, on a comparison of the north and south, are very like those of the preceding disease.

These are not, however, the only deaths arising from drunkenness. Of the 10 deaths reported as *sudden*, the majority is doubtless attributable to this cause. Of the 25 deaths from various *chronic visceral lesions*, the greater proportion has no doubt been induced by the same agent. The 85 deaths under the head of *casualties* have been reported principally as drowned, frozen, suicide, homicide, wounds and injuries—the result, in a great measure, of intemperance. In looking over the details of our salubrious posts, for instance those along the coast of New England, the most striking fact is, the low ratio of those that die from what may be regarded as natural causes. Perhaps four-fifths of the deaths at such stations are reported under the names of epilepsy, apoplexy, mania a potu, phthisis pulmonalis, atrophica, &c., with the remark to each case that it arose from the abuse of inebriating potations. The aggregate of deaths in the table furnishing these data, is 1104, more than one half of which may be traced to that war against nature, which claims more victims than the most fatal epidemics—epidemics, the visitations of, which are viewed with dreadful apprehensions, whilst this moral pestilence is continuously in our midst, almost unnoticed.

An important step in suppressing habits of inebriety among our troops has been effected by the abolishment of the issue of spirits as a part of the daily ration of the soldier. Soon after the establishment of the Medical Bureau in 1818, the late Surgeon-general, Dr. J. Lovell, urged, with laudable zeal, upon the then Secretary of War, the importance of abolishing the use of whiskey among the troops, and of substituting an equivalent in vegetables or sugar and coffee; and although he repeatedly pressed the subject, maintaining that it was the cause not only of many of the irregularities of the service, but of vast expense to the public treasure by the increase of the sick list and by premature deaths and discharges; yet it was not until the administration of Mr. Cass, in 1830, that an order was promulgated directing that “the commissaries shall cease to issue ardent spirits as a part of the daily ration of the soldier.” When a man was obliged to swallow or throw away his ration of spirits, it was not to be expected that the best-directed efforts of commanding officers could effect anything towards suppressing the evil; and to convert temperate men into drunkards, it were difficult to invent a more successful plan. “To swallow nearly half a pint of spirits daily was,” says Henry Marshall, Deputy-inspector-general of Hospitals in the British army, “until the abolition of spirit-rations, a part of the *duty* of a soldier; and that this duty might be effectually executed, it was the usage of the service

in many stations to have it performed under the immediate superintendence of a commissioned officer, who certified to his commanding officer that he had actually seen each man drink his *drams*."

What a commentary does this chapter afford on the *morale* of the army! But the explanation is to be found in the fact that those who fill the ranks are mostly such as have proved themselves unfit for the trusts of civil life; and among British troops, the influence of the depressing passions, as is evinced by the extremely high ratio of suicides, is still further increased by the hopeless nature of the service, all enlistments being for an unlimited period.

What a long and frightful catalogue of ills follow in the train of this moral evil; tubercular phthisis—dyspepsia with its manifold miseries—inflammation of the stomach, liver, pleura, brain and its membranes—jaundice, dropsy, diabetes, gout and delirium tremens! Among certain causes which are known to increase the tendency to inflammation—*causes of debility*—intemperance in the use of strong liquors is one of the most prominent. Another effect resulting from habitual intemperance is a peculiarity of constitution, which disposes, in a remarkable manner, to chronic inflammation and slow deposits of solid lymph in the lungs, liver, kidneys, and the lining membrane of the heart and arteries. Again, the fever attending inflammation in such constitutions, is disposed to take the typhoid form.

In the United States, in consequence of the cheapness of ardent spirits and the comparative pecuniary comfort of our citizens, by which the means of this kind of indulgence is placed within the reach of all classes, delirium tremens is a common disease. Very great improvement, however, in the habits of the people, in this respect, has been within a few years effected.

A CASE OF THYMIC ASTHMA.

BY WILLIAM C. ROBERTS, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

GEORGE PROCTOR, aged 9 months, of a strumous diathesis, was, at the time of his death, fat, strong and active. His evacuations during his whole life had been frequent and green, and were rather more so latterly. He had not had any cough preceding his death, nor had he any mucous rattle at that time. About the first of January last he was first observed to "catch his breath;" that is, to make a crowing shrill noise on inspiration; at first only once at a time, and as the disease advanced several times in succession, and during sleep. In the mean time he was gay, hearty, and nursed freely. Two months ago, he had *two spasms*; in which he crowed, turned rather purple, fell back in his mother's arms, stretched himself out, and was stiff. In a few seconds he came to again, broke out into a cold sweat, and then fell asleep. Nothing approaching to blueness of tint had ever been observed about him. He had two more of these "spasms" afterwards, in the last of which he died. He

always, his mother says, "cried as if it hurt him," and when he did so, she noticed, I having desired her to do so, that the thumb was always drawn into the palm of the hand. On the 28th of March he was as well and playful as usual, but had more frequent "catchings" of his breath on that day. At 4 P. M., while sitting on his mother's knee, playing with her thimble, he had a spasm, and instantly expired. Dr. Jno. Stevens was called to him immediately, but life was extinct.

Autopsy.—Both lungs presented a similar appearance; they felt externally firm and crepitated little; internally, though their natural spongy structure was perfectly evident, and they were not at all friable, and crepitated beneath the knife, they were congested, contained more blood than natural, and much aerated fluid escaped from the incisions on pressure. I did not examine the bronchi, until they had for some time lain in water; they then presented no evidences of inflammation. The thymus gland was four inches long, and three and one fifth inches broad; it was six-tenths of an inch in thickness, and weighed *eleven drachms* (660 grains). The right lobe was thicker and longer than the left, and covered the heart to its lower edge. The right lung was pushed back in the thorax, so that on opening that cavity it did not appear, its place being occupied by the thymus.

The heart was of natural size. The walls of the left ventricle might be a little thick (half an inch), its cavity small, and the columnæ carneæ fleshy; but on comparing with a healthy child's heart, I could detect no material difference. On laying open the auricles and holding the septum against the light, *the foramen ovale appeared perfectly closed.* The blow-pipe detected a minute orifice at the bottom of the pocket of the valve, through which a bubble of air passed; but I have the authority of Drs. Swett and A. Clark for saying, that for all practical purposes, *it was impervious.* There was no communication between the ventricles.

The liver was healthy; the gall-bladder atrophied, of a pale sea-green externally, and contained only a little saffron-colored mucus. The small intestines were of a light purple color externally—internally, they displayed much erythematous redness—many isolated follicles existed; many of Peyer's plates were hypertrophied, red, and had a bright-red areola, with injected vessels passing to their circumferences. The m. m. was softened.* The large intestines were pale; the isolated follicles numerous and hypertrophied.

This is an undeniable case of Kopp's, or thymic asthma, terminating fatally *suddenly*, and of a paroxysmal character, such as had been previously described by Kopp, by Montgomery, by Hersch and Flachmann. It is the first species of that disease, of which I have described a *second form, accompanied by different symptoms*, and not, as I am said to have done, a "new disease, entirely distinct from thymic asthma."—(See Monog. p. 148.) The gland is the heaviest on record, of which accurate measurement has been taken. I suppose that it will not be contended, either from the state of the foramen ovale (upon the open state of which in all of Kopp's cases of "thymic asthma," in Dr. Hamilton's, and in nearly all where the thymus has been found greatly enlarged," Dr. Lee, who does "not admit there is any evidence to show that hypertrophy of

the thymus simply, does cause disorder, either in the vascular or respiratory system," [Monog. p. 153] lays great stress), or from the symptoms, that this was "a clear case of *cyanosis*." Neither did the enlargement of the thymus depend upon an open state of the foramen ovale, nor on "any obstruction to the circulation through the lungs." The hypertrophy of the thymus, *and that, I imagine, will not be contested*, was the primary cause, then, of the condition of the lungs and heart, and of the symptoms and result. What are we to think, then, of the "conclusions to which, after a full and impartial survey of the whole subject," the author of the Monograph on the Thymus Gland, in the American Journal of the Medical Sciences for January, 1842, arrives? which are as follows: 1st, That "thymic asthma" and "spasm of the glottis" are the same disease, &c.; occasionally, perhaps, owing to enlarged cervical glands, *but very seldom, if ever, to a similar condition of the thymus*" (p. 154); and also, that in a large majority of cases, where we have reason to believe the thymus was of abnormal weight, "such enlargement is to be regarded in the light of *an effect and not a cause* of the morbid symptoms" (p. 154). The same author, in his fourth proposition, asserts that, "in most of the cases which have been latterly adduced to support the theory of the thymic origin of the croup-like convulsion, there is no satisfactory proof that the thymus was enlarged." A weight of eleven drachms and a thickness of over half an inch, facts which were ascertained by Dr. Jas. B. Kissam, in my presence, would, I should suppose, satisfy the most sceptical as to the reality of such enlargement in the case before us, which case appears to me to establish, in a manner not less satisfactory than fifty thousand similar ones could do, the existence of a peculiar set of symptoms, entitled "thymic asthma," "laryngismus stridulus," or what the reader pleases, *depending on enlargement of the thymus gland alone*—a circumstance certainly of no mean importance in a practical point of view. Theory, on this subject, will, I suspect, as on many others, be found to be opposed to the evidences furnished by pathological anatomy, which it seems to be the fashion now-a-days, in some high quarters, to disparage.

Note.—I would thank the reader to turn to the accurately-reported case by Dr. Swett, in the No. of the New York Journal of Medicine and Surgery for January, 1840, which is *in every respect* identical with that which I have now reported. On comparing them, one is irresistibly tempted to exclaim, with the author of the Monograph—"how *improbable* that the slight compression, if even such there be, exerted by the thymus in cases of its greatest enlargement, should lead to a fatal termination" (p. 154). I beg to add my conviction that if slight pneumonia, or bronchitis even, had supervened in this case, the fatal termination would have been marked with the "peculiar symptoms" which constitute the second form of this disease.

It may be useful, in the present state of the question, to state the differential diagnosis between cyanosis and pure thymic asthma. *Cyanosis* is characterized by fits, in which, for a few minutes, respiration is entirely suspended; the eyes are vacant; the hue of the face changes, and the pulse is extremely irregular. In the course of ten minutes, the blueness

extends over the whole face; afterwards the extremities become blue and cold, and the pulse scarcely perceptible. While in this condition the child suddenly screams, is convulsed, and with two or three sudden inspirations the circulation is again restored, and the skin recovers its natural hue.—(Stewart.) Organic malformations of the heart have existed without the presence of a cerulean hue, or the evidence of the usual distressing symptoms, but in every true case where these symptoms do exist, I suppose the presence of that hue to exist, though I do not observe this to be stated. In every case of this disease there exists either an open state of the foramen ovale, or a preternatural opening between the ventricles, or an altered state of the right cavities of the heart, or some other congenital malformation, capable of disordering the circulation. In pure thymic asthma, the pathognomonic symptom is a “crowing inspiration,” not occurring in cyanosis; the paroxysms are shorter; carpo-pedal spasm is often present, and there is no discoloration of the skin at any time, except what occurs at the moment of the paroxysm, and that is slight and limited. It is now satisfactorily shown that a merely enlarged thymus, without any other organic malformation of the heart than a slight degree of hypertrophy of the left ventricle (consequent), is sufficient to give rise to the symptoms, even if other causes, not connected with the heart, are deemed to cause its occurrence. The propriety of considering them *as distinct diseases*, is very apparent from this summary of the leading symptoms of each.

It may serve to elucidate the *questio vexata* of the size of the thymus, if I state that on the same day I made the post-mortem examination of a boy a little over three years old, who died of hæmatemesis, while convalescing from scarlatina. The thymus in him was one and a half inch broad, two and three quarter inches long, and one fifth of an inch thick, and weighed eighty-two grains. If, as some have asserted, the thymus weigh at birth two hundred and forty grains (which there is no evidence to prove), and grow till the end of the second year in proportion to the rest of the body, the rate of diminution after that time must be *pretty rapid*.

The reader will find, in the April No. of the American Journal of the Medical Sciences, an extremely interesting paper on “laryngismus stridulus,” by Dr. George A. Rees, of London, to which every one interested in the subject should refer. It contains the case of a child who died suddenly, aged nine months; the lungs and brain were healthy; *the thymus was four inches three lines long, two inches five lines broad, and weighed seven and a half drachms* (450 grains). The heart was healthy, but its right cavities were engorged. The foramen ovale, alas! was not examined; probably because the careless doctor never once suspected, though he saw the child often for many months, that he had nothing but a “clear case of cyanosis” to deal with. But a new light has fortunately dawned on the profession, *and we now know* that the enlargement of the thymus is only apparent and has nothing to do with the symptoms! I pity the narrow views of Dr. Rees, as expressed in the following passage:—“I believe, in these cases, that hypertrophy of the thymus gland will almost always be found to be the cause of the mis-

chief. I have opened as many as six or eight young infants, dying suddenly of laryngismus stridulus, and have always found the thymus much enlarged, weighing *five, six or seven drachms.*" Dr. R. has yet to learn that a weight of an ounce has yet to be shown to be abnormal "by further observations"—(Lee)!! He will doubtless scrutinize the foramen ovale for the future in his dissections, and beware how he errs in his diagnosis. To be serious: there is a vast deal in this excellent practical essay from the pen of one *who has seen a great deal of the disease at the bed-side*, and investigated its cause with the scalpel (not speculated on it in the study, and examined it with the point of the pen), which I would most willingly transcribe if space allowed. I can only commend it to the special notice of the reader.

April, 1842.

SCARLATINA AND BELLADONNA.

[Communicated for the Boston Medical and Surgical Journal.]

THE experience and observation of more than fifteen years with belladonna, in scarlatina, incline me to the belief that it is not properly appreciated. It possesses great integrity in medical properties; and some of its most manifest ones are diaphoretic and diuretic, acting upon the bowels, and it decidedly moderates nervo-muscular irritability. I do not wish to be understood that I attribute to it prophylactic powers.

When we consider the phenomena of disease—of fever, of inflammation, of smallpox, of scarlatina, &c.—we, according to the established rules of physics, compare the relation between them, and naturally enough bring into our consideration, also, those agents, made use of in a reasonable practice, and their influence upon animal life in health and disease.

It is observed that scarlatina is mostly confined to childhood, a period of life of great susceptibility—that disasters are most common among children of the most lively temperaments, and those whose appearances are the most flattering. It is noticed that when the affection is of an elevated degree, the sensibility is greatly increased. In the commencement of scarlatina, we particularly notice this elevated state. The irritability of the whole organism is greatly increased, the heat is very intense, amounting to 108 degrees Far., and sometimes more. The pulse are very frequent, often beating to 140 in a minute; sometimes quite small, but generally very full and hard. These premises lead to important subjects of inquiry, viz.: 1st, What is its nature? 2d, By what means is it best treated?

1st. Scarlatina seems to be an increased action of the smaller vessels, particularly of the surface, and membranes about the throat, &c., joined with a peculiar action, by which they are enabled to produce the following results:—to unite parts of the body to each other; to form pus; to remove parts by ulceration; to cause effusions; and in severe cases to produce fatal collapse, &c. Most of these results are known to be produced by common inflammation. But again, in mild cases, we see none

of the above results ; the affection, after about the third day, begins to abate, till at length, after a period of from five to ten days, the system returns to the natural state, which phenomena we see in mild cases of inflammation. From these facts, what is the judgment? It must be given according to the evidence—which is, it appears to be purely an inflammation of the small vessels of the whole system, concentrated about the throat.

2d. It is observed that there is a greatly increased state of the sensibility, in a severe case of scarlatina, and that there is a greater degree of heat than in common fevers, and when it is on an elevated degree the patient cannot endure the contest, and it is soon over. It is supposed that animal heat is modified and controlled by the laws of vitality ; and that the brain and nervous system perform an important part in its generation and evolution. Consequently it is inferred that the brain and nervous system have a great deal to do in modifying scarlatina, and that those agents that moderate the sensibility of the nervous system, with the most certainty, will be found the most powerful and certain to modify and control scarlatina. Entertaining these views, fifteen years ago I adopted the following course of practice, viz. : to moderate the increased state of the nervous system, in the beginning of the affection. Blood-letting is believed to be the most prompt and powerful agent we possess ; consequently it is premised in preference to everything else. I allow the formative stage to go on, favored with draughts of sage tea, without interrupting it with emetic, cathartic, or anything else, when there is spontaneous vomiting ; and when there is not, it is encouraged by ipecac. Wait for the febrile paroxysm to take place, which opportunity is embraced to take blood, after which I commence with small doses of belladonna, so as slightly to affect the nervous system, and maintain this state with as much regularity as possible, giving no other medicine, except occasionally castor oil, restricting the patient to the most bland farinaceous diet possible, together with sponging the surface.

The fact that children of the most lively susceptibility are the most common victims to this affection, favors these premises, viz. : that the danger depends mostly upon the elevated state of the sensibility in the commencement ; and to moderate this elevated state, without too much prostrating the vital powers, is the most reasonable practice. For this purpose I have never found anything to supersede belladonna, and from the experience I have had with it, I believe it absolutely to control the affection, when skilfully given, in season, and to effectually prevent cancer. Tobacco operates upon the same principle in curing croup, when early given ; and that every inflammation is relieved and brought to a resolution by the same principles, is too well known to need further remarks. It is rather difficult, to be sure, to bleed small children ; but I always open a vein when deeming it necessary to take blood, believing that I am far short of my duty if I neglect it.

It is thought that any stimulant, however slight, aggravates this affection most sensibly, and ought to be forbidden. Opium is decidedly objected to, being too stimulating in its first operation. I have known children in this affection to fall into a collapse, so soon after taking a

small dose of Dover's powder, as to favor the conclusion that it was the result of the powder. Calomel is objected to because its after operation is too stimulating and liable to affect the glands and increase the swelling about the neck. Tart. ant. is objected to when given so as to nauseate the stomach, because it is liable to prostrate too rapidly.

Conclusion.—Scarlatina being a self-limited affection, does not require alterative treatment, but rather a moderating one. DANIEL GILBERT.

April, 1842.

MEDICAL ENCOURAGEMENT OF QUACKERY.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE recently seen, in several of the medical journals, some just strictures upon the clerical encouragement of quackery, and should be pleased to see it copied into the religious journals, that it might be brought more immediately under the consideration of those more particularly concerned. I suppose there is not a member of the medical profession who will not admit the justness of those strictures. My object in this communication is to discover to them the beam in their own eye: It is a matter of much regret, among the members of the dental profession (I speak particularly with regard to the South and West), to see the facility with which our quacks receive the influence and certificates of even our most reputable physicians. The greatest quacks I have met with in our profession, have had the largest piles of certificates from M.D.'s. How often have I seen sets of teeth entirely ruined by injudicious operations, which have been afterwards referred to in the following manner—"Our family physician recommended him, and we supposed he ought to have known his qualifications." The family physician is the natural adviser on such occasions. Yet how few physicians are fully capable of giving a correct opinion, except where time has fully tested the operations. Their studies have seldom been directed to that point, it being left to those who make that branch their sole pursuit. The recuperative powers of the system are such as to correct much that is erroneous in the practice of medicine; but so low are these powers in the teeth, that in dental surgery an unskillful operation is a permanent injury. It is not every operation that looks well, or remains for six or twelve months, that has preserved the tooth or restored the organ. How frequently does it occur that a physician will see a tooth inserted which looks admirably, and for which the operator is indebted to the manufacturer; or see a cavity closed with a metallic paste which soon hardens, and conclude that all is right, and straightway give a flaming certificate recommending "all who wish their teeth preserved to call on Dr. —, who is eminently qualified, both scientifically and practically, as a surgeon dentist," when perhaps a month previous the same cobler might have been found on his bench, without a higher ambition than to mend the *understandings* of his neighbors; but now, emboldened by the distinguished success of his brother tinker, aspires to be called doctor and fill his pockets from the credulity and gullibility of the community.

I know an individual who was a short time since, if he is not now, offering his services with the certificate and influence of some of our most respectable western professors, in the use of that abominable amalgam of silver and mercury. I am also acquainted with several cases where mere tyros or empirics have come to the West and South with highly commendatory letters from some of the most distinguished eastern professors, whose knowledge of their qualifications must have been meagre indeed; or in some instances they may have supposed that the medical diplomas conferred fully qualified them for the discharge of every profession. I would by no means disparage the advantages of a good medical education; but to rely upon a common medical education for the practice of dental surgery, is as absurd as to rely upon a common collegiate education for the practice of medicine. Both are good substratums, but equally insufficient in themselves.

It may then be asked, "upon what evidence shall a physician rely in commending the services of a dentist to his friends?" I would answer, rely upon the same evidence as in commending the services of a medical man, either a diploma from some responsible institution, or the knowledge of his long and *generally* successful practice. Although we have yet but few diplomas extant from our young College, yet we have an association embracing most of those eminent in our profession, which is not only willing, but anxious, to extend its diploma of membership to all who will give sufficient evidence of merit. In this manner, with the generous assistance of our medical brethren, we hope soon to place a just distinction between true merit and quackery—a result most devoutly to be wished for in every department of science.

E. TAYLOR.

Natchez, Missi., March 31st, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 27, 1842.

DEATH OF DR. DOANE.

No physician in Boston, in any period of its history, has passed through the phases of professional life, from beginning to end, with more true success than the late lamented Dr. George B. Doane, whose death was announced in the Journal last week. To a well-cultivated mind, and the most exact deportment of a gentleman, he added, in an eminent degree, a kindness of manner, and a sympathy in the very expression of his face for those whose misfortunes obliged them to consult him, that made him truly the beloved physician. Dr. Doane was unobtrusive, yet vigilant and active in the sphere where he achieved a reputation for being the friend of the friendless, and an almoner of the poor. He was careful not to interfere with the rights of his medical brethren—nor was it ever said of him that he indulged a prejudice or gratified a jealous disposition, by underrating the attainments or powers of any one whose popularity might at some future period interfere with his own schemes

of ambition. This is the sunken shoal on which many physicians are wrecked. Jealousy, subjoined to an impetuous, fault-finding temper, that never allows the unhappy possessor to discern a redeeming trait of character in an inoffensive rival, whether in science, literature or social neighborhood intercourse, is the rock on which many a practitioner is dashed in pieces; and yet, when he finds himself bereft, as he assuredly will in the sequel, of such friends as can only be procured by the conscientious exercise of the law of forbearance—by doing as one would be done by—he marvels at the ungenerous treatment of the world, and hates those who would have aided him, had they not been driven off in disgust by his own determined acts of persevering ill treatment. Dr. Doane's life will bear inspection now he is dead. No person speaks ill of him—for it could not be done with a single ray of truth. Those who strictly copy his uniform course, both with the sick and the well, will secure the respect of the community while they live, and the influence of a well-spent life will not die with them.

*Homœopathy and its kindred Delusions.**—When Mr. Ticknor, the publisher, sent us the little book with this title, he conferred a favor, as we had been assured that the author, alike celebrated for ready wit, a good song, and candid investigation, had accomplished a desirable task. The short of the matter is this: some time the past winter, Dr. Holmes delivered two lectures before the Boston Society for the Diffusion of Useful Knowledge, which were exceedingly popular, and now they are sent abroad in the form of a compact, good-sized 12mo., of seventy-two pages, the price of which is only twenty-five cents. These lectures were not designed exclusively for medical readers, as may have been supposed; but are adapted to the tastes of all sensible people, who love instruction mingled with innocent amusement. Even Hahnemann himself, the grand lama of the order of homœopathists, might doubt the efficacy of his own pellicles after reading these essays. Fully believing that an extensive circulation would bring back a multitude of respectable ladies and gentlemen to their senses, who are now under the influence of a spell that has actually made them ridiculous even in the sober estimation of those who medicate them so genteelly under the talismanic name of homœopathy, the book is respectfully recommended to the patronage of the honest well-wishers of humanity. There are many worthy, but superficial-thinking homœopathic practitioners, who are full in the faith, yet never stop to reason upon the *rationale* of the specific action of the infinitesimal potions which they prescribe; and there are also many, it is apprehended, who are depredators upon the unreflecting public, having neither conscience nor skill. Determined to profit by the credulity of the age, and the innate disposition of mankind to be wheedled out of their hard earnings, their ready money, their landed estates, and their credit and health, they grow fat while their patients become lean.

Insects of Massachusetts.—By direction of the Legislature of Massachusetts, somewhere about the year 1836, several gentlemen, of supposed qualifications, were appointed to examine the natural history of the State.

* *Homœopathy and its kindred Delusions*; two Lectures delivered before the Boston Society for the Diffusion of Useful Knowledge. By Oliver Wendell Holmes, M.D. Boston: Wm. D. Ticknor. 12mo. Pp. 72. 1842.

In the series of reports, there are some stupid efforts at display, in which there is neither originality, learning nor discovery. But that on the insects of Massachusetts, injurious to vegetation, is a charming undertaking, that delights the reader, while he is permanently benefited by the study. We allude to the report by Thaddeus William Harris, M.D., of Cambridge, a son of that excellent man and distinguished divine, Thaddeus Mason Harris, D.D., whose death was recently announced. In the multitude of things which come rolling in from day to day, that require to be read in order to keep pace with the current science of the times, in which we are necessarily engaged, this work by Dr. Harris has been too long overlooked. We would atone for this apparent neglect, by presenting its claims to the immediate attention of all our medical friends who are at all interested in the invigorating pursuits of horticulture, or, in a broader sense, are practical farmers. The personal history which Dr. Harris gives of the little insects that prey upon our fruits, our flowers, vines, and trees—aye, and that bite or sting us too, is related with a simplicity and exactness that make him one of the most interesting writers in the country. The beauty of his descriptions does not consist in an interminable catalogue of names for a bug, that would load an elephant; nor does he make such prodigious efforts to show that no one knows anything about entomology but himself, as to exhibit a vanity that is sickening, and a pugnacity disgusting to a well-bred scholar. No division of the far-famed Library of Useful Knowledge is any better or more captivatingly written than this work by Dr. Harris. But, let it be remembered, the whole, consisting of four hundred and fifty large-sized octavo pages, expressly relates to the "*Insects of Massachusetts injurious to Vegetation.*" Should Dr. Harris never print another book, his name would be preserved on the cover of this, with the reputation of a close student, a patient, philosophical observer, a critical, learned, industrious naturalist, who has left but little for the future entomologists of the Commonwealth to accomplish. Foreign as these observations may at first appear, from the legitimate pursuits of our Journal, it is gratifying to bear testimony, in this public manner, to the distinguished scientific attainments of a physician of Massachusetts, who exhibits in his onward progress the verity of an old proverb, that industry shall not go unrewarded.

Medicine and Surgery in Cities.—Those who know but little about the difficulties attending an introduction to practice in cities, altogether overrate the incomes of the most successful surgeons and physicians. The supposition is, that they acquire great fortunes with rapidity. It is a mistake; great fortunes are rarely acquired by the ordinary course of professional industry. Even if a large property is ultimately collected in this manner, the individual seldom lives long to enjoy its advantages. There are many collateral routes to a competency, which professional gentlemen sometimes avail themselves of, that are less arduous than the ordinary routine of business. Three or four persons in all large cities, with perhaps a few exceptions, monopolize the most valuable patronage—and it will always be so. It follows, therefore, that a majority of that large body of physicians who establish themselves in such places, lead lives of anxiety and hope deferred, and suffer from a multitude of petty grievances and real troubles unknown to the independent practitioner of the country. Because the city is overstocked with them, it is by no means an evidence

that they are all profitably employed. Very large companies of the disappointed ones, excellent and meritorious in all the relations of life, linger away their days in hoping to make up for lost time by-and-by, who would secure an ample livelihood in the interior. Some have not the tact of applying their knowledge to the good of society—a misfortune instinctively discovered by the people, and which it is useless for them to contend against. *Over acting*, and *not acting*, are the extremes that mar the prospects of very many city physicians. Those in the country are in less bondage than the brotherhood in town; the first, in one sense, is his own man, the latter every body's man.

Quebec Marine Hospital.—By looking at an advertisement on the last page, the particulars of the scheme of a summer course of lectures, worthy of the attention of students, will be found. The advantages in the hospital are of the highest order; and with regard to the faculty, we have no hesitation in saying that they are entitled to the perfect respect and confidence of all who may visit the institution. There is another advantage not to be lost sight of, viz., the acquisition of the French language. Even the residence of one lecture term would give the student a facility in the pronunciation, at least, if not in reading medical authors in that tongue, that would be invaluable to them in after life.

Mechanical Dentistry.—It may seem like favoritism to notice particularly the mechanical ingenuity of any one dentist in Boston, to the neglect of the rest, since they have uniformly, as a profession, sustained themselves with an enviable distinction, and they are acknowledged not to have been excelled by those of any other city. We were led to this remark by having had a favorable opportunity of examining a specimen of the dental ingenuity of Mr. Willard W. Codman, an operative dentist at No. 20 La Grange place, which fully equals the original, for the loss of which he has manufactured a substitute. Entire confidence may be reposed in the competency of Mr. Codman to accomplish, in an elegant and durable manner, the various contrivances of the art of dentistry. For several successive years he was employed by Drs. Harwood and Tucker, who tolerate no second-rate workmanship.

Ophthalmic Surgery.—Dr. William C. Wallace, of New York, attached to the professorial department of the Castleton Medical College, is now in Vermont, and while delivering his regular series of lectures on ophthalmic surgery, will operate on the various diseases of the eye, requiring surgical treatment. He is familiar with the organ in all respects, both as an anatomist and a successful operator, and we hope those suffering from any malady of the eye, in that section of Vermont where he is lecturing, will avail themselves of Dr. Wallace's profound attainments and skill.

A Man without Arms.—At Harrington's Museum, in this city, there is a man on exhibition, the singularity of whose appearance, without arms, strikes the visiter with strange sensations. But being minus the upper extremities does not by any means constitute the whole curiosity

of the show. He uses his toes with just about as much facility as common people do their fingers, and far more industriously than some make-weights in society, since he earns his own living. Mr. Nellis, the unfortunate individual, now about 22 years of age, is a native of Pennsylvania, and, thus far, has succeeded in obtaining an honest income by exhibiting himself. This is perfectly justifiable, since there is no other mode by which he could procure the necessaries of life. With his toes, surprising as it may appear, he readily *handles* a pair of scissors, shaves himself, writes, and, to crown the list of improbabilities, performs delightfully on the accordion! This is only another evidence, in the long chain of proofs that might be adduced, to show the extraordinary capabilities of certain muscles, when regularly trained to the performance of vicarious labor.

In connection with this anomaly, it occurs to us that we saw a stranger at the Worcester depot, a while since, a remarkably tall man, who had a large, well-developed hand projecting from the top of either shoulder. The arm of one hand was apparently not far from six inches long, the other being considerably shorter; yet the wrists were of the usual dimensions. To use either hand, he was obliged to stoop down or edge up to whatever object the hand was to be used upon. The defect, in this case, was exceedingly striking.

Columbia College.—With a copy of Dr. Miller's address to the graduates of the medical department, last month, came a list of those who received degrees, which we have already published. The address itself is exceedingly interesting and worthy of extensive circulation.

Treatment of Club-foot.—The surgical treatment of congenital club-foot, says M. Guérin, of Paris, ought to comprehend the section of the tendons of those muscles whose retraction causes the pathological form of the foot:—when the heel is elevated, the tendo-Achilles; when the foot is turned on its external edge, the tibialis-anticus; when on its internal, the anterior-peroneus, and the whole or part of the extensors of the toes; for forced adduction of the foot, the tibialis posticus; for abduction, the peroneic laterales; for curvature of its internal edge, the adductor of the great toe; for extension or permanent flexion of the toes, the section of the tendons of the corresponding muscles; and finally, the simultaneous section of the tendons of those muscles whose simultaneousness of retraction causes the different combinations of form which club-foot presents. The mechanical or consecutive treatment of club-foot ought to rest on the same data; that is, we should employ apparatus, the centres of which ought to answer to the centres of motion of the displaced articulations, and whose efforts should act in a direction exactly opposed to the action of the retracted muscles.—*Dublin Journal.*

Cramp in the Stomach. By ROBERT GRAHAM, Surgeon.—About eight or nine years since I had a patient in Glasgow, a married lady, about 30 years of age. She had had a large family previous to my acquaintance with her, but had for many years been subject to violent attacks of cramp in the stomach; on account of which I was first called to see her, and at

which time I thought she would have died. I need not enumerate the antispasmodics which were used at that time; having then and subsequently tried all those recommended for the complaint, without being able to say that I had even succeeded in checking the spasm for the time. It seemed eventually to wear off of itself. I had bled her, which gave relief for once; but it was followed by such weakness, that when called to witness another attack two or three days after, I dared not repeat it.

The thought, by-and-by, crossed my mind, that I could produce a counter spasm; so I took a strong tumbler, and with a bit of lighted paper applied it as a cupping-glass over the stomach, when almost immediately I had the satisfaction of hearing my patient, who could not speak a moment before, exclaim, "the pain is gone." Since that time it has invariably been a source of relief with her when attacked; and I do not recollect of its ever failing, if a large cupping-glass was applied firmly once or twice over the part.—*London Lancet.*

Hæmorrhage from the Extraction of a Tooth.—Dr. Mantell states that in a case of profuse hæmorrhage from the extraction of a loose tooth, in a child seven years of age, after all other methods had failed, and a fatal termination was expected, constant pressure was effected by a gold plate accurately adapted to the gum, by a dentist, and the bleeding was effectually suppressed. The means specified by Mr. Roberts, in the 22d No. of the *Lancet*, had previously been had recourse to with but temporary effect. A paste of plaster of Paris placed on the gum in a soft state, afforded upon its consolidation a firm compression, and the hæmorrhage was controlled for several hours; but on taking food the application was loosened, and the bleeding returned. The young lady, the subject of these remarks, had been suffering from purpura hæmorrhagica; and on a previous occasion alarming hæmorrhage had followed the accidental removal of a loose tooth.—*Ibid.*

MARRIED.—At New York, J. W. Bradshaw, M.D., to Miss M. Haight.

DIED.—In New York, Dr. Zebulon W. Seaman, 54.—On shipboard, two days out from Savannah, bound to Havre on account of ill health, Ezekiel W. Leach, M.D., of Boston.

Number of deaths in Boston for the week ending April 23, 59.—Males, 30; Females, 29. Stillborn, 4. Of consumption, 13—scarlet fever, 9—lung fever, 5—convulsions, 1—teething, 1—inflammation of the bowels, 2—erysipelas, 1—debility, 1—diarrhœa, 1—fits, 4—typhus fever, 2—old age, 2—chicken pox, 1—smallpox, 1—inflammation of the brain, 2—accidental, 1—burn, 1—dropsy, 1—catarrhal fever, 1—mortification, 1—tumor, 1—apoplexy, 2—stoppage in the bowels, 1—pleurisy, 1—disease of the kidney, 1.

ALBANY MEDICAL COLLEGE.

The annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

AL37—tO

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—e3wly

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,900 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAS. A. SEWELL, M.R.C.E.
JNO. RACY, M.D.E.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HODGE, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. FOYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

TO LET,

A PHYSICIAN'S office, heretofore occupied as such, pleasant and eligible, with board in the family if desired. Apply to Dr. Mann, 16 Summer street.

Mh. 23—1f

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 13.

TREATMENT OF MESENTERIC GLANDULAR AFFECTIONS.

BY DR. CHARLES CLAY, MANCHESTER.

UNDER the name of marasmus, and as an affection of childhood, diseased mesenteric glands are very common, almost daily coming under the notice of medical practitioners, *particularly in manufacturing districts*, where laxity of fibre and much constitutional debility prevail, and where the habit, diet, &c. contribute considerably to its encouragement. But as a disease of puberty or adult growth, comparatively little is known; yet it is certain that a disease strictly analogous to the marasmus of childhood is very prevalent, much more so, indeed, than is generally admitted, and annually carries off many whose deaths are often attributed to very different causes, even in other than manufacturing districts. Three-fourths of the common cases of atrophy are attributable to glandular obstruction only. From the many cases that I have observed during twenty years' practice, and in the treatment of which I have been engaged, a few practical observations with respect to it may not be unacceptable, particularly as there are few cases that call forth more patience from the medical attendant, and certainly none that are productive of greater disappointment, rendering it in the highest degree necessary to make a correct diagnosis, which, having been made, a long and steady perseverance in remedial measures is to be pursued. I say a long and steady perseverance, because the nature of the case particularly requires it, not only on the part of the medical attendant, but also of the patient. In all cases of long-continued disease there is an aptness to run from one practitioner to another, vainly seeking that immediate relief which cannot possibly be given. If a correct diagnosis be once formed, and the slightest benefit obtained, every confidence should be placed in the party, and perseverance should be the motto of the invalid.

The treatment of mesenteric affections is so often confounded with that of atrophy from other causes, that great errors have arisen, which it is the more necessary to point out. No gland can be enlarged or indurated by disease without obstructing the operations of nature, for which those glands were especially formed; it is evident, therefore, when such indurations are ascertained to have taken place, our attempts at relief should be directed to the chief cause of mischief. Where glandular obstructions exist, it is evident that the quantity of chyle must be limited in proportion to the extent of diseased structure, and in the same proportion the system suffers from emaciation, not receiving the supply of

nutriment sufficient to maintain the system in its former healthy state; consequently, this disease is found in every stage, from the slightest obstruction to the entire obliteration of the glandular action; no chyle poured into the blood, the system is emaciated in the extreme; the limbs or parts most distant from the centre of circulation become œdematous, and death immediately follows.

If, then, glandular obstruction be the diagnosis, what is to be done? This leads me to make a remark or two on some of the general axioms of treatment pursued in such cases, with a view to point out their errors, and substitute a plan that the writer has often pursued with considerable advantage.

Dr. Thomas observes, "That in all cases of atrophy the patient should make use of food that is nutritive and easy of digestion, and it should be taken *frequently*, but in small quantities at a time." I fully agree with him as to the kind of food, but maintain that to feed an atrophic patient *frequently* is a very mischievous doctrine, calculated to increase rather than lessen the evil: that the whole of the alimentary canal is much deranged in atrophic cases is certain, and the greatest caution is required in the selection of such food as will not require too great an effort for the digestive function; but for that organ to be continually stimulated by constantly taking food is decidedly injurious, the stomach requiring rest from its usual operations as much as any other organ in the body. The repose of the digestive function is necessary to the well-being of an invalid, and in none more so than in atrophic cases, when it is evident, however much chyme may be formed, no more chyle can pass into the system (in consequence of the indurated glands), if the patient be eating every hour in the day, or if only allowed to indulge three times in twenty-four hours; there can be then no advantage in debilitating digestion by frequent meals, whilst the disadvantages must be apparent to every one on the slightest reflection, viz., it increases general debility, and prevents the due operation of medicine calculated to resolve the existing indurations, and consequent obstruction in the mesenteric glands. Impaired digestive function is the consequence, *and not the cause*, of the prevailing disease in this case. The real disease should be primarily attacked with the necessary caution of not impairing the powers of digestion further; it will then be evident that all those symptoms necessarily arising from such causes must give way as the cause which provoked them vanishes. The too frequent exhibition of, and too much dependence on, powerful tonics, appears to me contrary to the diagnosis of mesenteric glandular affections, for it must be useless to waste time in the endeavor to improve the function of the stomach by tonic medicines, which, though considerably impaired, *is capable of digesting more food* than can be converted into chyle. The symptoms of indigestion we so often find as attendants of glandular obstruction, are often increased to a very considerable degree by the ill-advised and constant taking-food system.

Very many cases of this description are treated in respect to the miseries of indigestion, whilst the glandular affection is either totally lost sight of, or treated merely as a secondary matter of minor importance, whereas

the very reverse ought to be pursued. The constant stimulus kept up by tonics, in an emaciated system (extremely sensitive and easily excited), counteracts every effort at reducing glandular induration; and this is rendered still more injurious by wines and other stimulating drinks which have been recommended. Such a mode of treatment might be adopted in the common forms of scrofula with less objection than in mesenteric affections, but I must confess *even in those* I never perceived stimulants attended with any good effect. In atrophic cases, however, they are highly pernicious, although they are esteemed by some as scrofulous affections. When œdema takes place, diuretics have been advised; but as this feature is one pointing out the inevitably fatal termination of the case, such means can only hasten the event, being only another drain on the already debilitated system, without adding anything to the supply. Should any means adopted prove successful in restoring the glands to a healthy action by resolving the existing induration and restoring them to their original size, then there can be no mistake in the exhibition of tonics, freely adopting every means for restoring the physical powers of the system.

The treatment which I have found most effectual, and which I do not advance on mere theory, but from twenty years' close observation, is the use of a medicine that is generally allowed to be almost a specific in diseases of the glandular system, and that in doses so small as not to excite the disturbance of the digestive organs, combining such means with milder tonics just sufficient to keep the system from sinking any lower, without any anxiety for increasing the physical powers, until the indurated glands may have been restored; under such circumstances I commence by giving the following:—*R.* Tincture of iodine, gtt. xxx.; Fowler's solution of arsenic, gtt. xxv.; infusion of colombo or gentian, \mathfrak{z} vi. *M.* Let one-sixth be taken three times a day.

As it sometimes happens that the solution of arsenic produces pains in the head, I occasionally omit it in the mixture for the space of two or three days, after which it is resumed. By persevering some time steadily with this mixture, I have found the worst cases much ameliorated, and life considerably lengthened, whilst many have been entirely restored to health; but as glandular resolution is of itself an extremely slow process, so it requires both perseverance and confidence on the part of the invalid, and great patience from the medical attendant. It is also necessary in the progress of cure to affect the system very slightly with mercury once or twice, and in some cases of extensive disease of long standing even three times with great advantage, by which means the absorbent vessels are stimulated into freer action, and the effects of the iodine seem to be improved by it. When it is requisite to give mercury, I prefer affecting the system as rapidly as possible by very small doses of calomel very often repeated, as—*R.* Calomel, grs. ij.; crumb of bread, enough to make twenty-four pills. Take one every hour until the mouth is affected.

The advantage in this is, that the desired effect is frequently produced within twenty-four hours, when the iodine mixture can be resumed (which it is necessary to omit while the effect is being produced). This plan,

if strictly attended to, is one that I can recommend with confidence as a safe and effectual one, applicable to every case of glandular induration, and unsuccessful only in cases too long neglected, where the action of the glands is almost entirely obliterated. The diet should be strictly such as to afford the greatest quantum of nourishment with the least possible exertion of the stomach, to be well masticated, mixed with as little fluid as possible (with the exception of milk), and particularly to avoid those of a highly stimulating character, such as wines, spirits, and fermented liquors: to let a space of at least six hours elapse between taking food, and even then the stomach should not be overloaded. These rules are imperative to the well-being of the patient. Exercise should be of the gentlest description; why horse exercise should be so highly spoken of by many, I cannot conceive; in many instances I have seen it the very reverse of gentle; only fancy a weak, emaciated female tugging at the reins, and urging forward a stupid, rough-paced animal with an exertion highly injurious; unless the adviser would go farther and say the kind of horse he recommends, he might as well send his patient to the treadmill: unless, then, the horse is a very suitable one, I am convinced the patient would progress better without such exercise. Where it can be procured, and weather permitting, an airing in an open carriage, or a gentle walk, is to be preferred; if, on the contrary, the weather is unfit, a swing rocking horse, or exercising chair, are very good substitutes; the mind to be kept cheerful, free from extraordinary excitements, occupied rather on pleasant trifles than on subjects requiring reflection. The atrophic cases of manufacturing districts, however, have but little comfort at command; still I have seen many restored under almost every disadvantage, and am anxious the plan should have a more general application, that its merit may be fully and fairly tested.—*London Lancet*.

TOBACCO IN HYSTERIA.

BY DR. J. H. THOMPSON, OF SALEM, N. J.

AUGUST 19, 1839.—Frances S., æt. 22, unmarried, dark complexion, black hair, moderate embonpoint, about the ordinary height, after having performed an almost incredible day's work, while her clothes were literally "soaked" with perspiration, sat down, with her bare feet resting upon a cold pavement, and continued in this situation for half an hour or more, until she began to "feel strangely," and as if something was "rising in her throat." She walked into the house and was immediately attacked with violent hysterical convulsions. I saw her at eight o'clock, P. M., about an hour after the attack. She was then upon a bed, surrounded by a number of persons, who, as usual, appeared to think the convulsions could be arrested by *main force*, since their utmost efforts had been directed to the injudicious and unsuccessful attempt of preventing any motion on the part of the patient. Her arms were thrown violently in every direction; her head was forced backward, and with the body formed a complete arch. The muscles of the neck and trunk were under rigid tonic contraction, while those of the lower extremities were not at all

affected. The face was swelled; the eyes firmly closed; jaws could be opened with difficulty, but were quickly closed with a loud "snap." Some abortive attempts were made to introduce medicine into her stomach; her feet were placed in stimulating pediluvia, and cold applications were made to the head, which was extremely hot. No impression had been produced upon the disease. I tied up her arms, and made a free opening into the vein, from which the blood flowed in a large stream. No regard was paid to mere quantity, its effects alone were considered. In a short time the convulsive motions ceased; the face began to lose the dark flush which had overspread it; the muscular system gradually relaxed, and the first intelligible words spoken by the patient since the attack were, "I feel sick." About forty ounces of blood had been abstracted.

20. Patient slept a little last night. Feels this morning, to use her own expression, "as if every bone had been broken, and every joint dislocated." Says the catamenia appeared a week ago, and were as usual. Bowels were operated upon by enemata. Still feels the globus hystericus occasionally in a slight degree. Antispasmodics freely administered during the day. At about the same hour as on the preceding day the patient was again attacked. Assafoetida, 3j. with 60 gtts. of tinct. opii, were given in enema, and repeated two or three times without effect. Pulse strong; vein again opened; with the loss of twenty ounces of blood, the convulsions ceased.

These attacks occurred at the same hour the three following days, notwithstanding the liberal use of almost the whole list of antispasmodics, and other remedies, amongst which quinine was given, as the disease appeared to have assumed a periodical character. The convulsions appeared to increase in violence; they lasted for several hours, and left the patient in an extremely exhausted condition. During the attack her countenance was so altered in appearance and expression that her most intimate friend could not have recognized her. Her throat was the seat of chief distress; desperate and continual efforts were made, as if to tear away something which was choking her. A distressing "clucking" noise was made, as if the glottis was spasmodically opened and closed. Under these circumstances I determined to make trial of the powers of tobacco. On the next attack some leaves were procured. One was placed for a few minutes in hot water, and then spread over the epigastric region of the patient. In fifteen minutes the hysterical symptoms had all disappeared. The patient felt sick, and continued so for some time, but did not vomit. At the usual hour on the following day, and also on the day after, she was again seized, but on both occasions the attack was arrested *in limine*, by the tobacco, and returned no more. No other means were employed. The patient slowly returned to her former state of health.

This is but a solitary instance of the use of tobacco in one of the Protean forms of this disease, and I am by no means disposed to place much reliance upon isolated cases. The facts are given as they occurred. It will be for future experience to confirm the efficacy of the remedy, or to reject it as unworthy of confidence in this disease.—*Amer. Jour. of Med. Sciences.*

DR. MILLER'S ADDRESS.

[WE alluded, last week, to the address by Thomas Miller, M.D., of Washington, to the graduates of the medical department of the Columbian College. Two extracts from it are given below, on subjects not unworthy the attention of all medical practitioners. The remarks possess additional interest, as coming from one who has had long experience and enjoys a well-earned reputation in his profession.]

In visiting your patients, the course of tenderness and delicacy towards them, of which I have already spoken, should be observed in the first place. But there are some other duties, which require your special attention, both while in the sick-room, and after you have left it, which are of infinite importance. You enter the sick-room as gentlemen. No gentleman requires to be told how he should enter a room. The agitation and flurry of your patient, consequent on your visit, having subsided, proceed to examine, with care, into the case; and do this rather with the view to inform yourself of its real nature, than to impress him and those around you with an idea of your greatness, skill and importance. Do not pursue your examination further than is absolutely necessary for the understanding of the case; at the same time, do not make up your mind as to its character, till you are perfectly satisfied. During your visit, let your conduct be cheerful; you should neither evince levity, nor be austere, or too reserved in your manner; for, as I have said, manners have a most controlling influence on the minds of patients. Having satisfied yourself of every particular in the case (trusting nothing to the statements of others, particularly relative to the secretions), uninfluenced by the suggestions of those who surround you, and who are ever ready to volunteer their opinions, make your prescriptions and give your instructions in a concise, clear, and distinct manner—in writing, if possible. A neglect of this particularity often leads to the grossest blunders; an instance of which recently occurred to a medical friend of mine, in which the patient, not understanding the directions, actually swallowed a suppository of soap and opium. You are all, I have no doubt, familiar with the story of the lady who had the leeches designed for her epigastrium nicely fried and stewed, and then ate them. Let me advise you, also, to be particular in instructing your patient how the medicines you may order him should be taken. A disregard of this will cause him much perplexity; and possibly you may find him, upon repeating your visit, seated in a “wheelbarrow,” swallowing the portion ordered to be taken in “any convenient vehicle,” this being the most convenient. Inform the attendant of the manner in which you design your medicine to act; then leave your patient impressed with the belief of his speedy recovery. Never express an opinion of your patient's case, unless circumstances (such as approaching death, and desire for consultation) render it necessary. But when called on for your opinion of the patient, by those who have a right to be informed of his condition, give it plainly, candidly, and in such terms as will neither confuse the listener, nor render your language liable to be misunderstood. Where obscurity in the case exists, state this; for if you give a positive state-

ment, relative to the condition of your patient, and that statement afterwards turns out to be inaccurate, your reputation will suffer. * * *

Besides the attention which I have advised you should devote to your mere professional studies, you should not neglect, entirely, general literature; this forms a material part of the education of every professional man. Without some knowledge of general literature, you prove but a dull and uninteresting companion to your unprofessional friends. Some portion of your time, then, should be devoted to polite literature, to history, and to the understanding of the interests and institutions of your own country; and while you are in the pursuit of knowledge, and practise in your profession, bear in mind that a portion of your time should be set apart to holier pursuits. The study and practice of morality and religion become and are as much the duty of the professional man as any other in society. How consoling does it prove to a practitioner of physic, when he can conscientiously bend his knee at the bed-side of a dying patient, and ask aid from that source from which, at last, we only can have hope, to restore the sick, or smooth the path of the dying; to ask a blessing on our remedies, or, in the language of a celebrated professor: "When the vegetable, animal and mineral kingdoms have failed, appeal to the Author of all good, the high and mighty God; and when with his will they have failed to cure or alleviate pain, to implore him to take to his bosom the soul of our friend."

Gentlemen, an awful responsibility rests upon us when we are negligent of our religious duties. Where so much power is placed, and where so much benefit can arise from our exertions, we are highly culpable to neglect them. I must not be understood as asserting that our profession, as a profession, is destitute of this high and holy feeling: far from it, the popular opinion to the contrary notwithstanding. I here assert that there is as much pure, holy, and religious feeling among its members, as is to be found in any other class of men. When I urge upon you the propriety of religion, I do not mean that outward show, that boasted parade of piety, which savors, at least, of hypocrisy more than of true religion. I mean a pure and more holy feeling; one that actuates you to be just and true in all your dealings; to love your neighbor as yourself; to do unto others as you would they should do unto you; to attend divine worship, but not with the view of being called out in the height of the services, when the eyes of the whole congregation are upon you; nor to remain longer on your knees than any one else; nor to make your responses louder than any one else; nor to wear the religion on your back, nor on your countenance: these are mere mockeries, and are deservedly denounced by the truly pious, as the offspring of designing hypocrisy, and have given rise to the well-known assertion, that doctors become religious from mere interest.* Religion, such as I have represented it, is not incompatible with any duty of a physician; on the contrary, it heightens the value of his character. Nor does it interfere with his social engagements; it only tempers them. No mind is capable of enduring continuously the pursuits and objects of a professional man. He, therefore, like other men, requires, when he is

* It is said that the *fee* and *show* of Dr. Fothergill, of London, was worth £2000 per year to him.

allowed to enjoy it, relaxation and ease. How should (I should rather say how *can*) a medical man enjoy relaxation? Men have different methods of being amused. I can only say, that the way in which a medical man may abstract himself from his profession, must depend much on his peculiar taste. I shall only point out, in part, how he should *not* employ his time of relaxation. In the first place he should avoid such pursuits as would interfere with his duties as a physician and a christian; and he should never enter so assiduously and earnestly into any unprofessional employment, as to give him either a distaste for his profession, or cause him to resume its duties with a feeling of irksomeness. The great source of evil, in any pursuit of life, particularly of the young, is the social board; with its bewitching effects it wins him from his studies, then from his patients, and lastly it wedds him to itself. By its fascinations it soon entraps him, entwining itself around him, strangles and turns him adrift, conscious only of his total wreck and destruction. This is an imperceptible effect of the convivial life of youth; therefore avoid it. In the country another evil existed, at one time, which was equally destructive to the young medical man, as any other. It was the habit, arising out of the hospitality of the people, of inducing their professional friends to drink, whenever they called, whether professionally or not. If cold, he was invited to drink to warm him. If warm, he drank to cool him, &c. And thus did the unconscious victim pass his days, till overtaken by a habit—a fixed habit—which left nothing of the once promising youth, but a wretched and miserable wreck. I have witnessed the effect of this custom, when a boy; and was much disgusted when I saw the aged and once talented and respected doctor, who had been sent for to visit a patient, taken from his horse to be sobered before he could prescribe.

These are the two sources of ordinary indulgence in pleasure. At first, innocent pleasure; it leads you to the social board, or to visit your hospitable friends in the country; and in a few years it causes the once bright and promising doctor, the ornament of his circle, the courted and admired, to become a miserable outcast. But the danger to youth from intemperance is daily becoming less. Thanks to the philanthropist of the present age, the march of temperance, like that of intellect, is keeping pace with experience and wisdom. The custom, once so rife, of treating our friends, is now almost unknown. A drunkard is now rarely seen; the moral reform has made such rapid strides, that he who, but a few years since, was viewed as a hero—as an example worth imitating—is now not considered a fit companion for gentlemen. A two-bottle man is now seldom heard of among gentlemen. May this prove a growing and a lasting effect of the efforts in the great cause of temperance. And it will as long as it can number among its advocates the ablest statesmen, divines, physicians and lawyers, whose precepts as well as example are daily diffused, and held up to the community at large; not confined to district or town, but extending far and wide, unconfined to country, to nation or language. You have your part to act in this great moral reform; and I feel assured that I shall not urge you in vain to contribute your share to the amelioration of suffering humanity—to lend your aid to the consummation of this great and desirable end.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

FRACTURES OF THIGH.—1. A stout, healthy young seaman, aged 21, fell through the hatchway of a vessel about ten feet, striking his right thigh across the kelson, the 28th February, and fracturing the bone. No apparatus was applied, and he was brought to the Hospital the 1st of March. On examination, the right femur was found to be fractured just above the middle in an oblique direction. By a measurement made between the anterior superior spinous process of the ilium and the upper edge of the patella, the injured limb was three quarters of an inch the shortest. The apparatus of Desault, which has been described in a former article, was applied, with marked relief, as is usual in these cases, to the pain from the splintered fragments of bone penetrating the muscles. Between the time of the first application of the apparatus and the 22d of March, the splints, &c. were occasionally removed, and the limb bathed in spirit. On this last day, quite firm union was found to have taken place, and there existed some power of motion. On the 29th of March, he was able to walk with crutches, and to-day, April 19, he walks quite well about the ward, with the aid of a cane. The limb is not perceptibly shortened.

2. An Irish porter, aged 25, dragging a hand-cart containing two casks of wine, slipped and fell upon his face; the casks rolled forward, one of them striking upon the back of left thigh. He was brought immediately to the Hospital, March 25. A transverse fracture of the middle of left femur was diagnosed. The limb, measured as in the preceding case, was three quarters of an inch shorter, the foot everted, the muscular part of the thigh much flattened and spread. The same treatment was pursued as in the previous case, and on the 18th of April the union of the fractured portions was quite strong, and the apparatus was omitted.

The point worthy of note in these two cases, is the speedy union. Boyer gives forty days for children, fifty for adults, and sixty for old people, as the time necessary to continue the apparatus, and before which consolidation will be still imperfect. Both of our cases were adults; and in the first, twenty-two days, and in the second, twenty-four, or less than half the given time, were sufficient for a fortunate result; and our first patient was on his feet within thirty days.

Fracture of Humerus.—March 23d. A stout man, aged 39, was yesterday run over by a hand rail car containing seven men. The vehicle passed over the right upper arm. Splints, &c. were applied by a neighboring physician. At entrance the arm was exceedingly swollen from the shoulder to the wrist. Crepitus was very easily distinguished, and the humerus appeared fractured very obliquely at about its middle. Measuring from acromion to olecranon, the injured arm was an inch the shorter. The swelling of the arm was too great to allow of the continuance of the splints, and it was therefore laid upon a pillow, and leeches and cold applied to it.

April 5. The swelling was sufficiently reduced to allow of the appli-

cation of splints; in consequence of the great mobility of the broken fragments, the usual short splints would have been insufficient to preserve a continued coaptation of the two portions. Two long splints were therefore applied, extending the one from the acromion to the back of wrist, and the other from the axilla to the palm of hand. The external bandages were then agglutinated by dextrine, and the arm laid upon a pillow.

There exists in the public generally, and even among physicians to some extent, a supposition that a fracture should be immediately done up in splints—a supposition, we need hardly say, perfectly unfounded. In this case the broken arm lay twelve days upon a pillow, without any applications except those addressed to the resolution of the tumefaction consequent upon the violence of the injury; and to-day, April 22, everything appears advancing to a favorable termination.

Fracture of Arm from Gun-shot Wound.—April 7th. A young man, aged 19, stout, and of good constitution, though addicted to irregular habits, shooting in the harbor, received the charge of his gun in his right arm, while holding it by the muzzle in his right hand.—Complete paralysis, both of motion and sensation, immediately followed; the former was recovered after the lapse of an hour, and the latter in about fifteen minutes, accompanied with considerable pain, which has continued since. Hemorrhage was small. The accident happened at 9½ A. M., and he arrived at the Hospital about 2½ P. M.; during part of which time he had been exposed in an open boat. He was seen by a surgeon, who arranged his arm in splints for the purpose of his more easy transport.

When first seen he appeared considerably prostrated. Pulse 60, feeble; hands and feet cold. On examination of the arm, the ball in its passage appeared to have grazed along the palm of the hand, forming a furrowed wound two inches in length and about half an inch in depth; and then to have entered the arm on its anterior face, an inch and a half above the bend of the elbow, and to have passed out on its posterior face at two and a half inches above the olecranon. Both the orifices were circular, but the one where the ball had entered was, contrary to the usually-received opinion, the larger—a circumstance perhaps due to the close proximity of the gun to the arm. The bone was fractured, probably comminuted, but the artery was untouched, as both the ulnar and radial arteries could be felt at the wrist. The arm was laid upon a pillow, and the application of cloths dipped in laudanum directed; he was directed a teaspoonful of sherry wine every quarter of an hour, till sufficient re-action, which occurred after about four doses. After the re-action, there was considerable pain in the wound, with some spasmodic twitchings, and he was ordered laudanum, fifty drops every half hour till relief. Since then his progress has been most satisfactory. During a few days he had opium and camphor sufficient to keep him free from pain; the arm has been continued upon the pillow, and a rice poultice applied over the wounds. The sloughs have separated kindly. There has been some œdematous swelling of the fore-arm and hand, in consequence of the arrest of circulation in the lymphatics, either by the swelling about the wound, or by the division of their main trunks by the ball. This latter

is the more probable, as the tumefaction appeared very shortly after the accident. Everything now is going on most satisfactorily.

It may be remarked that a case like this, in the usual practice of European army surgeons, would have been made the subject of amputation. The decision of this question would be a matter of considerable importance in a case like the present—a young man in the prime of life, wounded in his right arm.

Strangulated Hernia. Operation without opening the Sac.—April 10th. A stout, healthy sailor, aged 32, was admitted with strangulated inguinal hernia of the right side. After the failure of the taxis and the other usual remedies, the operation was decided upon. It was performed without opening the sac, and by the division of the internal pillar of the external ring. The intestines were returned without difficulty. The relief was instantaneous, and the patient has continued since without a single unpleasant symptom. This method of operating, offering such a probability of escaping the risk of peritoneal inflammation, may always be tried at first, and if relief be not obtained, the opening of the sac can be done with as much chance of success as if the other attempt had not been made.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 4, 1842.

DEATH OF DR. LEACH.

WHEN the melancholy intelligence was announced that Dr. Ezekiel W. Leach had died at sea, at the very commencement of a voyage that seemed to promise a restoration to health, it made a deep and solemn impression on the minds of those who knew him most intimately. His was a bright light, which was beginning to be seen at a distance: his capacity for professional business, together with a nice sense of the responsibilities of a physician, marked him out for usefulness and distinction, had his life been spared. Although Dr. Leach had studied, within the last few years, a particular department (the surgical treatment of hernia), with a view to being qualified for all emergencies in that difficult kind of practice, he by no means neglected the pursuits or studies of a general practitioner. The members of those families which were his patrons, were exceedingly attached to him on account of the attentions and uniform kindness which marked his intercourse with them. He was a close observer, and strictly a practical man. Very many articles have appeared in this Journal, from year to year, which were from his pen, and which show him to have been not only a ready writer, but also deeply interested in the progress of medical science. At the early age of 30 he sunk under the influence of that destroying angel of New England—pulmonary consumption. To an afflicted family we tender our heart-felt sympathies. If his children are taught the virtues of their father, and practise upon his precepts when they become actors in the busy world, they will live respected, and die lamented.

Pennsylvania Hospital for the Insane.—A report from this Institution for the year 1841, with a sketch of its buildings and organization, accompanied by a superb engraving of the establishment, has been made by Dr. Kirkbride, the medical superintendent of the Institution. There seems to be nothing wanting in the buildings which could be either a convenience or a comfort in the management of a large number of insane people. From the physician's statement, it is apparent that order reigns throughout, and the whole machinery of an admirably-devised mammoth edifice moves with exact precision. In the year 1841, 103 males and 73 females were admitted. At the close of the pamphlet are various tabular records, showing the ages of patients at the time of their admission; occupation of males and females; numbers married and single; the nativity, residence, and causes of insanity, of very many inmates. Then follows a series of modest tables, quite unpretending in their appearance, showing the age at which insanity first appeared in 176 persons; the forms of the disease for which these were admitted; and the duration of the malady at the period of their admission. There are some other points that might be noticed with commendation, but presuming the pamphlet has circulated extensively we have not thought it worth while to be too particular. Dr. Kirkbride is evidently conscientiously devoted to the faithful discharge of all the duties appertaining to his responsible office.

Naval Medical Corps.—An anonymous author has published, at Baltimore, a pamphlet of twenty-two pages, with the following title:—"An Exposition of the unjust and injurious relations of the U. S. Naval Medical Corps, by a member." The inference, after reading it, is, that the author has not been promoted as he thinks he deserves to be. He generalizes upon the hardships of a naval surgeon, and complains of the position he holds on shipboard, as though he had been wronged out of an inheritance. The cry of the horse-leech, *give, give, give*, is heard in every line of the exposition. A little more pay, a little more of nothing to do, and a little more of that official rank which some men covet, and this long chapter of complaints would never have been called into being. That the author understands applying the unction of flattery to the Secretary of the Navy, is quite manifest—for we can almost see it trickle down the skirts of his garments; but the artillery is turned towards the wrong battery. If there are real grievances, why not have them properly laid before Congress? According to our estimate, the naval surgeons are altogether in an enviable position, compared with those of the U. S. Army. The latter are doomed to drudgery, with few or none of those pleasant and happy changes in climate or scenery, which mark the medical course in the navy. Besides, from what we have heard from the lips of several members of the naval medical staff themselves, in by-gone days, it is certain that as far as they were individually concerned, they considered themselves admirably provided for by Government. Very many things might be bettered in the service, beyond all doubt; but the corps, as a body, are viewed with envious eyes by whole scores of land doctors. And finally, if any one, or the whole of them, are dissatisfied, a commission can be thrown up in a twinkling. The reformation most needed in the naval medical service is more appointments, so that no one shall necessarily be obliged to be kept too long on a foreign station.

After all, there are two sides to a story, and we regret extremely that

the complainant, who shows himself a writer of no mean literary attainments, has not given his name, and stated some facts more tangible than are those in the pamphlet, that if possible more exact justice might be meted out.

Malformation of the Shoulders.—Last week some observations were made on the general condition of Mr. Nellis, the man without arms, with reference to the power acquired by the toes in the performance of motions that would at first seem impossible to be accomplished by any other means than the fingers. Another opportunity has occurred for a re-examination; and it may possibly subserve the interest of some anatomist or physiologist, if we give the following continuation of last week's notice.

In consequence of being destitute of arms, there not being a single vestige of an arm-bone connected with the shoulder-blades, a peculiar control from early infancy has been acquired over the muscles of the mouth, altogether new and surprising. It reminds one of Lamarck's notion of the manner in which animals obtained their forms—from the operation of the force of desire. The elephant, for example, had a short neck, and having a strong desire to clip the tender grass at his feet or the foliage above his head, kept on desiring from age to age, till finally the upper lip was actually elongated into the now characteristic trunk, dragging the nose in its long train. So it would be, were the doctrine true, in regard to the armless descendants of Mr. Nellis, should there be any; the period would arrive when the lips must take the form of a proboscis!

A new labor devolves upon all the facial muscles, and especially upon those about the forehead. This is observable in holding on the hat, throwing it off, and so on. A spinal disease put a stop to Mr. Nellis's growth in his thirteenth year, and he only measures four feet five inches, and weighs but eighty-four pounds. Yet he is quite strong, especially with the teeth and jaws. A fifty-six is easily raised and thrown some feet, by the teeth, which are large, sound, and well set. Singular as it may appear, in infancy he managed to creep about as well as other children. There is a peculiarity in his vision, worth the special attention of philosophical visitors. It is this: although the most delicate cuttings in paper are executed by the toes, which necessarily removes the work to a considerable distance from the eyes, his vision at the point of the scissors is minutely distinct. This, like the training of the muscles of the lips and feet, was established by the law of necessity;—nature accommodated the organ to the circumstances of the individual. Objects, such as a book, placed at the usual focal distance, soon produce a painful sensation.

One of the anatomical singularities in Mr. Nellis's organization, is that there are no rudimentary arms. The glenoid cavities are, apparently, completely formed, feeling under the finger as though the ball of the humerus were but just slipped aside. The acromion processes jut out boldly, like a protecting roof, on both sides, and on them, as on two projecting hooks, is hung his coat. All the muscles of the scapula are perfectly developed, and he has such perfect control over them too, that he can throw off a coat or re-adjust a garment to its proper place, about as readily as people who have hands.

These few facts in relation to the actual condition of the unfortunate individual to whom they relate, may be of use hereafter to the physiologist. At all events, it would be quite inexcusable not to notice an

anomaly so striking. Mr. Nellis says that he cannot imagine any use for a pair of arms, and therefore manifests no regrets that he is without them.

Weekly Cliniques.—In other places besides New York, these convocations of the lame, halt and blind, are becoming convenient for medical students, if not popular with the general public. Even at the Castleton Medical College, in Vermont, the record shows an increasing attention to the weekly clinics. Here is a catalogue of several meetings, taken from the paper of that town.

Saturday, 26th March.—1 strabismus convergens—operation. 1 do. divergens—operation. 1 amaurosis.

Saturday, 2d April.—1 case hare lip—operation. 1 do. strabismus convergens—operation. 1 do. do. divergens—operation. 1 do. steatoma-tous tumor on forehead—operation.

Saturday, 9th April.—1 case obstructed lachrymal duct—operation. 1 do. staphyloma of the iris. 1 do. tumor of the upper lip—operation.

Saturday, 16th April.—1 case strabismus convergens—operation. 1 do. obstructed lachrymal duct—operation. 1 do. ptosis. 1 do. hernia iridis. 1 do. closure of pupil and amaurosis. 1 do. eversion of lower eyelid. 1 do. pterygium—operation. 1 do. cataract—operation, division.

Medical Circular in Kentucky.—A State Medical Convention met at Frankfort in January, 1841, and adopted a constitution, elected officers, &c., and resolved to meet again in January, 1842. But some how their zeal cooled down to zero before the appointed day arrived, so that no quorum could be formed for business. However, with becoming enterprise, quorum or no quorum, a few distinguished medical gentlemen organized themselves, chose a chairman and secretary, and then listened to some spirited resolves—one of which was this—"That the interests of the medical profession and of the public in general, would be promoted by the establishment of a board of examining physicians, who shall meet annually for the purpose of conferring diplomas on all candidates who may be found worthy on a rigorous examination." Dr. Duke read a paper on medical education. The circular letter is full of good suggestions for the government and respectability of the profession in Kentucky. At the first meeting in 1841, between sixty and seventy physicians came together; ready to act up to all laws and regulations of a State society; but in just twelve calendar months, although the whole were notified, throughout the Commonwealth, "not more than a dozen," says the address, mournfully, came together. The meeting, therefore, was adjourned, *sine die*. Drs. M. L. Linton, J. M. Duke, J. Bennet and J. Burnet, who signed the circular, plead forcibly with their delinquent brethren, but if their ardor lost its latent heat in one year, in the cause of medical character, honor and respectability, they are not to be re-collected at Frankfort without some stronger inducement.

Journal of Dental Science.—A correspondent requests the facts touching the American Journal and Library of Dental Science. It is published under the auspices of the American Society of Dental Surgeons, at Baltimore, quarterly (price \$5 per year in advance), by Messrs. Armstrong and

Berry. The editors are Chapin A. Harris, M.D., of Baltimore, and Solyman Brown, M.D., of New York—and a meritorious, deserving work it is, which should receive the hearty patronage of the brotherhood throughout the country.

Medical Miscellany.—Dr. Fergusson is now the acting governor of Liberia.—Widow Ruth Lincoln died on the 27th ult. at Mansfield, Mass., at the age of 101 years, 9 months and 18 days.—Eight hundred barrels of castor oil were manufactured at St. Louis, Missouri, last year.—We have been told, says the Newburyport Herald, that persons sent, at the public expense, to the State Hospital for the Insane, when found to be incurable are returned to the towns from whence they were taken, there to remain in almshouses and jails.—Eighty-five persons have graduated at the Philadelphia College of Pharmacy, since its organization in 1821.—Three hundred and sixty-three students attended the late course of lectures, says the N. Y. Lancet, in the University of Pennsylvania.—Dr. Westmacott, of New York, advertises that he proposes to devote a considerable portion of his time to the delineation of healthy and morbid specimens. He instructs medical pupils in this useful business on Tuesdays and Thursdays, at \$20 per quarter.—Over sixty medical students were matriculated at the Castleton Medical College, Vt., says the paper of that place. The lecture season has opened, therefore, favorably.—Messrs. Carey & Hart, of Philadelphia, have in press Quain's celebrated anatomical plates, with notes and additions by Dr. Pancoast, of Jefferson Medical College.—Dr. Chadbourne, of Concord, N. H., is writing, in the Courier of that town, some terse articles on animal magnetism—which must make its sapient professors there wince under the severity of his logic.—No. 7 of the Guardian of Health, published at Baltimore, is received.—Dr. Charles B. Gibson, of Baltimore, performed an operation for osteo-sarcoma of the lower jaw, a week or two since, on a colored man, which is greatly commended for its success.—Mr. Paul Couch, who died at Newburyport, March 19th, took to his chamber with a disease of the spine, October, 1812, from which he did not in a single instance cross the threshold, till carried out dead.—The Shakers of Enfield and Canterbury, N. H., have given five hundred dollars to the Insane Hospital in that State—a generous expression of sympathy that redounds to the lasting credit of the Society.—Dr. T. L. Smith is Surgeon of the Frigate Congress, about going to sea from Portsmouth, N. H.—A new edition of Cooper's Surgical Dictionary is preparing by Dr. Reese.—A suggestion is made in a foreign Journal that *creosote* is mixed with whiskey, to give it, what is called by gin-drinkers, the *peat-reek* flavor. If true, the effects on health must be fearful.

MARRIED,—In Boston, Dr. R. W. Newell, to Miss A. C. Colman.

DIED,—At North Bridgton, Me., Dr. Samuel Farnsworth.

Number of deaths in Boston for the week ending April 30, 32.—Males, 14; Females, 18. Stillborn, 3. Of consumption, 10—accidental, 1—typhus fever, 1—diarrhœa, 1—dropsy in the head, 1—hooping cough, 1—sudden, 1—scarlet fever, 6—inflammation of the bowels, 1—dropsy on the brain, 2—in temperance, 1—smallpox, 1—old age, 1—measles, 1—child-bed, 1—decline, 1.

MASSACHUSETTS MEDICAL SOCIETY.

THE Censors of the Society and First Medical District will meet at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, the 19th of May, at 4 o'clock, P. M.

My 4—tm

JOHN JEFFRIES, Secretary of Censors.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
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D. 1.—6m

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—eoptf.

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DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 19

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A1.27—tO

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

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PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office. June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MAY 11, 1842.

No. 14.

IODIDE OF POTASSIUM IN OPHTHALMIC DISEASES.

BY ISAAC PARRISH, M.D., ONE OF THE SURGEONS TO THE WILLS HOSPITAL.

THE value of the iodide of potassium, as a remedy in certain diseases of the eye which have a constitutional origin, or are closely allied to a scrofulous or cachectic condition of the general system, is beginning to attract attention. During a recent term of service at the Wills Hospital, an opportunity occurred to me of employing the remedy in some cases of this description; and, although the number of patients was too limited to warrant a general conclusion as to its powers, yet the results were so striking and satisfactory, as to create a strong impression in its favor, especially when viewed in connection with the concurrent testimony of others.

If this article could be safely employed as a substitute for mercury in many diseases of the eye, in which we have been accustomed to rely upon that potent medicine; or, if it will produce a strong alterative impression, in cases where an enfeebled or irritable condition of the constitution renders a resort to mercury hazardous, it will constitute a most valuable auxiliary in the treatment of a numerous class of cases, which are exceedingly difficult of cure.

The dose in which we administered the article at the Wills Hospital, was from two to six grains, three times daily, in a table-spoonful of the compound syrup of sarsaparilla. The selection of the latter article as a vehicle for the iodide, was prompted by the experience at the Pennsylvania Hospital, and constitutes, perhaps, an important item in the treatment.

The two following cases have been prepared for publication, from notes furnished me by Dr. Hollingsworth, the resident physician of the Hospital. They are selected from several others, as presenting the most decided influence of the remedy under circumstances somewhat embarrassing.

Case.—Wm. Boyle, aged 23 years, was admitted into the Wills Hospital in the latter part of the eleventh month (Nov.) 1841, for granular ophthalmia. He had been suffering with inflamed eyes for four months prior to his admission, for which he had been treated on a rigid antiphlogistic plan, with the continued application of emollients to the eyes.

Soon after his entrance into the hospital the inflammation of the conjunctiva became more acute (probably from exposure in travelling); this was relieved by local depletion from the temples, cooling lotions, &c.;

after which solid sulphate of copper was applied to the inner surface of the lids; he was placed on a good diet; took syrup of the iodide of iron, chamomile decoction, &c., under which treatment the eyes rapidly improved. He soon after suffered from another relapse, attended with inflammation and ulceration of the cornea, severe circumorbital pain, with a feeble pulse, and pallid countenance, from which he was again in a great measure relieved, under the treatment of Dr. Hays. It was not long, however, before he was again seized more violently than before, and when I took charge of the wards, at the commencement of the present year, his condition was quite deplorable.

He was suffering from deep-seated pain in the head and around the orbit, aggravated at night, and preventing sleep, except under the influence of powerful anodynes; the eyes were highly injected, the sclerotic coat, cornea and iris being involved. He had photophobia to a great degree, and very little vision. The constitutional symptoms were equally discouraging. The pulse was feeble, skin cool and relaxed, and countenance dejected. Under the use of a pill, composed of a grain of sulphate of quinine, and half a grain of the extract of cicuta, three times daily, with counter-irritation to the nape of the neck, nutritious diet, &c., some amendment took place. This, however, was of short duration, all the symptoms returning with increased severity. In the early part of the second month (Feb.) erysipelas appeared around the eyelids, and rapidly extended over the face with alarming constitutional symptoms, as delirium, furred tongue, feeble and rapid pulse, &c. The carbonate of ammonia, in doses of five grains, was given with great advantage, together with beef-tea, oysters, &c. As the erysipelatous eruption declined, the pain in the head diminished, and the condition of the eyes improved, but still the circumorbital pain continued violent, especially at night. A slough was extending on the cornea of the right eye; great intolerance of light, with injection of the vessels of the conjunctiva and cornea, and contraction of the pupil still existed. The strength of the patient was exceedingly reduced; his appetite poor; expression of the countenance haggard and distressed; features contracted; skin relaxed and pallid; anodynes produced but little comfort; the stomach was irritable and rejected tonics, and I entertained strong fears that vision would be greatly impaired, if not lost, by the still active disease of the eyes. It was under these circumstances that the iodide of potassium was resorted to. It was first given in doses of two grains three times daily, in a tablespoonful of the compound syrup of sarsaparilla.

An improvement was manifest in less than forty-eight hours, which induced us to increase the dose to five grains.

Under this treatment the pain vanished in a short time, the patient slept soundly without anodynes, his strength and appetite rapidly improved, and for the first time since his admission he was unaffected by changes of weather.

The application of a solution of the nitrate of silver to the eyes, together with the improvement of the general symptoms, produced a corresponding change in the local inflammation; and when I left the house, his case was in every respect promising, but little doubt existing that he

would recover the use of his eyes. He was still taking the remedy in doses of six grains three times daily, and had not suffered from pain in the head since he commenced it.

The case of James Dougherty was in some respects analogous to the above. This man was admitted in tenth month (Oct.) 1841, for chronic conjunctivitis, which had existed for a considerable time. He complained of a steady dull pain in the side of the head, over the parietal bone, which extended at times over the scalp, and was often very acute. The pain was aggravated at night, was attended with excessive intolerance of light, and injection of the conjunctiva, sclerotic and cornea. The patient was greatly affected by changes of weather; slept but little even after anodynes, and labored under great constitutional irritation.

The local applications generally employed at the hospital in similar cases, were of no avail; nor did any treatment appear to produce permanent or decided benefit. The dull pain on the side of the scalp was constantly complained of, and the patient was afflicted with frequent paroxysms of the most acute suffering, which extended over the cranium, and around the orbits. After trying a great variety of remedies for more than two months, I was induced, from the success attending Boyle's case, to resort to the same remedy in this case. Three grains of the iodide of potassium were given three times daily in the syrup of sarsaparilla, and all other remedies laid aside. The change which ensued was surprising. In two or three days, the pain, which had been so constantly present for several months, was greatly alleviated, so that the patient was able to sleep without anodynes. The dose was now increased to five grains, under which the appetite improved, and the general health of the patient seemed to undergo a revolution. The pain disappeared altogether; the injection of the eyes and the intolerance of light were rapidly diminishing; and when I left the patient under the care of my successor, Dr. Fox, the prospect of his speedy recovery appeared very encouraging.

Remarks.—The most striking effect which the iodide appeared to produce in these cases, was its influence on the severe neuralgic pain, from which the patients had suffered so long and so intensely. The remedy seemed to put a period to this in a very short time, and the relief was permanent, placing the patient beyond the influence of those changes of temperature which so often induce or aggravate this peculiar affection. As a consequence of this immunity from suffering, tranquil sleep was enjoyed, the appetite and strength returned, and the local inflammation rapidly subsided.

The remedy was tried in several other cases of strumous inflammation of the eye, in all of which its effect was happy, except in one instance. That was the case of a young woman with scrofulous iritis, whose disease had resisted a great variety of treatment during several months, and in which I had strong hopes of effecting a change by the iodide. It produced in this instance severe vomiting and purging in doses of three grains, and could not be borne even in two-grain doses.

In the case of a young woman with scrofulous conjunctivitis, in which the cornea and iris were slightly involved, secondarily, I relied altogether

on the iodide in five-grain doses, without any external applications, except a few leeches to the temple, in the commencement of the attack. The improvement in this case was much more rapid and steady than is usual in this form of disease.—*Med. Examiner.*

CASE OF DEATH FROM THOMSONISM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If, on perusing the following case, you deem its publication will promote the interests of humanity or science, you are at liberty to insert it in your Journal. Yours truly, JOHN BUTTERFIELD, M.D.

Lowell, April 25th, 1842.

W. P., aged 31, was attacked, a few days ago, with erysipelas of the face. The disease is here very rarely fatal, and from the representations of his friends the onset was not severe. He was himself a firm Thomsonian, and accordingly sent for a quack of the same description. The doctor (?) immediately gave capsicum, &c.—in short, put him through a regular “course.” He grew daily worse; or, as his friends expressed it, “manifestly worse after every dose of medicine.” Still, the wise and honest quack told him, at every visit, that he was doing well, getting better, and the like. At length his dangerous state became so obvious, the brain becoming seriously affected, that another of these intuitive, ready-made sons of steam from Boston was called to consult with his *confreere*. He approved of all that had been done, only he thought *if the patient had been thoroughly steamed in the first place*, it would have been better. Accordingly, more fuel was added to the flame, but it would not quench it. He was steamed three times in twenty-four hours. Coma was succeeded by convulsions, which followed him most of one night.

Matters were now becoming serious indeed. The friends interfered, and the patient passed into the hands of the “regulars.” An able consultation decided that the case was hopeless. By judicious treatment his symptoms were somewhat ameliorated, but the powers of nature were too far exhausted for renovation—the disease had reached the brain, and progressed beyond the reach of remedies. He lingered a few days, and expired, another victim to base, unprincipled, ignorant quackery.

Autopsy, seventeen Hours after Death.—*Head*, membranes healthy; substance pinkish, and thickly dotted in its medullary portion on being cut, with points of blood. Medulla oblongata softened to nearly the consistence of thick cream. These were all the abnormal appearances observed in our necessarily hasty examination of the brain. *Lungs*, healthy, except melanotic spots upon the pulmonic pleuræ. *Heart*, mitral valves thickened. He had been under treatment for a disease of the heart a year ago. *Stomach*, the whole mucous membrane of a dull orange pink color, except a patch in the great *cul-de-sac*, about three inches square, which was of an intense red, and exhibited signs of the most violent inflammation. *Duodenum*, still more inflamed, if possible,

than this portion of the stomach. The mucous membrane had here a mammelated, almost a tuberculated appearance, besides the redness observed in the stomach. They both exhibited precisely the appearance we should, *a priori*, expect from the action of violent irritant poisons.

The examination was necessarily hurried, but enough was elicited to satisfy every one present, that the unfortunate patient died of the remedies, and not of the disease.

Thus perished, in the prime of manhood, a good citizen and a worthy man. Heaven knows that, in many diseases, there is enough of doubt and uncertainty among the most experienced and best informed of our profession. Our whole business is a constant warfare with death for mastery. I will not deny that we must sometimes strike at our enemy in the dark—nay, that we may possibly hasten the catastrophe we are so anxious to prevent; but I do say, that any man educated a *physician*, who will treat erysipelas in the manner above stated, deserves not only the condemnation of his brethren, but the execration of every honest man, if not the prison and the halter. In my view, the case was one of the *grossest mal-practice*, to call it by no harsher name. The conscientious steamer did not intend to kill his patient. What then? Is this any excuse? Shall human life be sacrificed by every ignorant pretender, who shall, by spending a few dollars for a paltry book and dubbing himself *doctor*, choose to prey upon a credulous community? If I should go into one of our mills, and, by starting some of the machinery about which I knew nothing, prove the death of a workman, shall I be excused, by God or man? The truth is, I had no business, no right to meddle with what I did not understand, where such momentous consequences might ensue. Neither has the quack a right to meddle with what, to him, is as incomprehensible as a steam engine to a Hottentot. He commits a criminal act every time he does so; and, though our wise laws protect him in his nefarious business, he will be held accountable, I believe, to a higher tribunal, to answer for his misdeeds.

Is it not the duty of the profession to do more than they have hitherto done, to expose and bring to naught the thousand and one forms of quackery with which our country is so rife? I know we are accused of selfishness in this matter—that it is said our purses suffer, and hence our zeal. Very well: let the charge come. We are able to bear it; besides, we have the consciousness of *knowing* that we are promoting, as far as in us lies, the best interests of humanity. I solemnly believe that quackery *increases* instead of diminishing our business, and I would oppose it on the same principle that I would intemperance.

Let our Journals speak out more frequently and more loudly upon this subject. Whenever a vaunted catholicon is trumpeted from Maine to Texas, let it be analyzed, if possible, and its humbuggery exposed. Whenever a graceless vagabond gives himself the title and assumes the duties of our profession, turn upon him, and strip him, like the jackdaw in the fable, of his borrowed plumes.

Finally, we ourselves have been too wary of our own knowledge. Let every physician, in his sphere, do what he can to enlighten the people amongst whom he lives, upon a subject of the most vital importance.

to them, viz., *themselves*. We may be assured that the more of intelligence there is, and the better the mass of the people understand the complexity of their own systems, the less will they be disposed to encourage and tolerate pretension or quackery in any of its forms.

TRIUMPHS OF TENOTOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The notices which have appeared in your Journal, of successful operations performed by Dr. John B. Brown, for the cure of club-feet, induced me to place a little son, afflicted with this infirmity, under his care. I did it after much hesitation and deep anxiety, lest the lad might be subjected to pain, and myself to expense, without a cure. Testimony from some responsible, disinterested person, such as I can now give, would have been exceedingly valuable to me, and I therefore suppose mine may be to others who are in the same state of doubt and anxiety in relation to what they ought to do for their afflicted children.

Dr. Brown does not need my assistance or recommendation. Though under much obligation to him for his kindness to my son, in many ways expressed, and for the cure he has performed on very reasonable terms, I do not write this for his benefit, but for those who are deformed or have deformed children, and are ignorant or doubtful in relation to the fact that they can be easily and quickly cured.

The case of my child did not differ materially from other cases of club-foot seen every day. The whole limb, from the hip downward, was turned inward so as to bring the knee-pan (excuse my omission of your anatomical nomenclature) and the toes of the foot in the direction of the other leg. By a retraction of some of the tendons, and too great laxness of others, the foot was turned over, the heel drawn up as far as it could be, so that it had not the appearance of a heel; all the bones in the instep were out of their proper position, and in the ankle there was none but a side-way motion. When he began to stand, the side or outer ankle was upon the floor, and the sole was nearly behind. From his birth I had his foot kept as much of the time as was possible in its normal position, and when he began to walk I had him furnished with a boot that not only turned the sole upon the floor, but forced the whole limb around into its proper direction, with the knee-pan and toes a little out. By compelling him to walk in this way, and to sleep in the boot as much of the time as he could endure it—for it was quite painful—I hoped the cords, kept thus continually extended, would become sufficiently lax to suffer the bones of the foot to remain in their places. But after six years of effort and expense on the part of his parents, and much suffering on his part, there was not the least improvement. As soon as the constraining apparatus was taken off, we had nothing but a deformed club-foot.

He was about six years of age when I brought him to Dr. Brown. Respecting the treatment of the case, I need to say nothing, except that the surgical operation occasioned no more pain than the prick of a pin or the opening of a vein with a lancet. After the heel-cord had been sepa-

rated for a few weeks, it was necessary to part two others on the instep, and after a time others; but after the first operation, the lad had so little fear or dread of another, that he requested me to let him see it done, and while the operation was performing he looked on as attentively as the operator, without wincing—not because he is insensible to pain, or has uncommon fortitude, but simply because the tendons having no sensibility the cutting of them did not hurt him. The cords being severed, the foot was placed in a boot very ingeniously constructed, so as to bring a slight pressure upon the protruding points, and at the same time turn the whole foot and limb towards their proper position by such slow degrees as to occasion no suffering. In a very few days the boy was walking, much better than he had ever done before, and for the first time without any pain; and since that time he has continued to improve slowly. The process of recovery must necessarily be slow. Now, after about twenty months, there is nothing in his gait nor in the appearance of his limb to indicate that he was ever deformed, except that it is much less in size than the other. But as it is rapidly developing, the disparity in this respect will soon disappear. For a thousand times the amount the cure has cost, I would not have had him grow up with the deformity, because I have seen in other instances the inconvenience and the suffering which it occasions.

If this meets the eye of any person who is afflicted in the way my son was, or the eye of parents who have children thus deformed, my object will be accomplished if it induces them to go, without delay, fear or doubt, to Dr. Brown for a cure. It is cruelty, of which no parent ought to be guilty, to suffer a child to grow up with such a deformity, when a cure can be obtained at so cheap a rate as it can now be; and it is almost equal cruelty to effect a cure, as in some instances has been done, by machinery alone, extending the cords by force, and crowding the bones into their places against the action of the tendons. By relieving the contracted tendons, and then, with proper apparatus, gently and slowly pressing the protruding parts into their places, and inclining the limb or member to its proper place and direction by degrees, a cure can be effected with less than an hundredth part the suffering that will result from either of the other courses.

I mention the name of Dr. Brown as the proper person to call upon, because I have seen the patients of four surgeons of three different cities, and none of them except Dr. B.'s had apparatus at all suited to the purpose. Some were suffering severe pain from theirs, some will derive no benefit from the operation, and I have seen but one that will probably be cured; and that because, being an infant, it has the hand of its nurse for a boot to keep it in its place. Any surgeon can separate the cords well enough; but the cure depends more upon the machinery that is afterwards used, than all things else. I have reason to presume that there is none in the country to be compared with that invented and used by Dr. Brown.

Yours, &c.

Saratoga Springs, N. Y., April, 1842.

CHAUNCEY EDDY.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

BURN—Erysipelas—Pneumonia and Pleuritis—Death.—December 22, 1841. An old woman, æt. 75, entered the Hospital for a burn of the right arm about seven inches in length, extending above and below the elbow and involving about two thirds of the circumference of the arm. The cutis had sloughed away for about two and a half inches, and the same process was advancing in the remainder of the wound. Simple cataplasms were employed till the separation of the sloughs, and the ulcers were then dressed with powdered slippery elm bark; and by the 4th of February the cicatrization was complete, with the exception of a couple of spots, each about the size of a cent.

About the 7th of March she had a slight attack of erythema, consisting of some inflammation, with tenderness of the newly-formed skin. This was dissipated by simple remedies, and she regained her former good condition. On the 24th of March, however, she had a second attack. The skin of arm became red, swollen and painful, with several vesications at different points. This continued, the ulcers increased in size by an absorption of their edges, and the erysipelas gradually extended, till by the 14th of April it had gained the shoulder and spread quite down the back to the loins on the right side, whence it spread quite on to the left side. The pulse during all this time was between 80 and 90, and there was no very decided fever, but a great appearance of debility.

On the morning of the 14th she was attacked with an acute pain in the left side, aggravated by a long inspiration. The respiration was hurried, and the pulse rose to 112. Throughout the lower half of left back percussion gave a flatter sound than on the right; and auscultation showed the respiratory murmur to be much less audible. Six leeches were applied to the affected side, to be followed by a blister, and if no relief, hot fomentations.

No relief was obtained by these means. The pleurisy, indicated by the above signs, rational and physical, continued to increase. The flatness on percussion, and the absence of the respiratory sound on the left side, became complete, and oëgophony was heard at the lower angle of the scapula. With these symptoms she sunk gradually, and died April 20th, the sixth day, after the attack of the pain in the side.

On examination of the body, there were old cellular adhesions of the right lung to the thoracic parietes, evidently of a very ancient date; the substance of the lung was perfectly healthy. On the left side there was an exudation of a considerable quantity of thick, flocculent lymph over the pleura of the lower lobe of the lung and that of the corresponding part of the thoracic wall, with an effusion of about eight ounces of clear, but high-colored serum. The substance of the lower lobe contained two distinct and separate portions, about the size of an egg each, of pneumonia advanced to the third stage, that of gray hepatization or purulent infiltration, the surrounding pulmonary tissue being considerably engorged, though still retaining its natural structure. The upper lobe was healthy.

The abdominal organs presented nothing abnormal. The sub-cutaneous cellular tissue of the right arm, where the erysipelas had existed, was rendered quite firm by the exudation of coagulable lymph into its cells, especially in the track of the brachial vessels.

In this case we have, what is not uncommon in old people laboring under any surgical disease, and especially erysipelas, the supervention of an inflammation of the lungs and pleura, proving rapidly fatal; without, however, any of the active inflammatory symptoms characterizing such a disease in a healthy individual, in whom such an amount of local lesion would be of comparatively slight importance.

MAL-PRACTICE IN SURGERY—FURTHER EXPLANATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—We observe that your reference, in the Journal of the 9th of March, to the case of Wm. Smith, has drawn from Dr. Shipman an "explanation," which seems to demand from us a passing notice. "Controversy" with the author of that "explanation" we have none—have had none—and intend to have none; for, if we do not aim so high as to deem all beneath a "Teacher of Surgery" unworthy our attention, we can yet find those claiming to be members of the profession who are unworthy of honorable notice from honorable men. The "warfare" to which you alluded, has been, so far as we are concerned, a one-sided one. We were prosecuted for mal-practice, Wm. Smith being a *nominal* plaintiff, as we were abundantly prepared to prove had the trial been prosecuted to its close;—the suit was withdrawn. Thus far has the "controversy" on our part extended. We have published no "pamphlets"—have sought or begged no favorable opinions from medical journals. We have never before written a word for publication, on the subject; and our only object now, is to "define our position" by saying that we *engage in no "controversy"* with the author of that "explanation;" and to say, in relation to the case itself, that you was not misinformed by your "correspondent" of the 21st February. Smith was in the Poor-house, and *there in consequence of the condition of his limb*. He remained there about three months, during which time he did not probably average more than a third of a day's work for a healthy man. *The limb is not now well*. It is now, or was within a fortnight of this date, in an ulcerated condition, and the patient himself said of it that it "never had been well and never would be;" though usually it is carefully kept from being seen by any but "special friends" or friends of special friends. There have been exfoliations of bone, also, since the removal of the "end" of the upper fragment of the tibia by Dr. S., and the patient himself is sometimes in the habit of exhibiting quite a handful (probably eight or ten in number) of spiculæ of bone which have been thus thrown off.

Cortlandville, N. Y., April 27, 1842.

Yours, &c.

GOODYEAR & HYDE.

TRICHINA SPIRALIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—One of my students discovered, last week, other specimens of this animalculum in the muscles of a pauper who had been twelve years in the Alms-house, lame from an ununited fracture of the neck of the thigh-bone, and who died after a few weeks' illness with pneumonia and meningeal apoplexy. Though much less numerous (perhaps 400 or 500 in the whole body), the animalculæ were observed in all the muscles usually mentioned as liable to be infested by them—even in the lumbricales, and those about pharynx. None were found in the muscles of the alimentary canal, or heart. They were so few in number that they would have escaped notice had not the attention been forcibly drawn to any abnormal appearance of the muscles, by the case I described a few weeks ago. Under the microscope the specimens seemed generally less perfect, more opaque, than those formerly described; and all the worms were dead. One of the cysts was seen in such a manner that I was convinced of the existence of two capsules (as Drs. Farre and Knox think), viz., one translucent, enclosing the animal; the other opaque, and probably the result of inflammation.

Whilst I am alluding to this subject, I would mention that in the last No. of the Archives Generales de Medicine, March, 1842, are the details of a case observed by Professor Bischoff, of Heidelberg, in March, 1840. The man was 71 years old, died of dropsy, and had the alimentary canal "filled with lumbrici."

Yours truly, H. I. B.

May 11, 1842.

AMERICAN VEGETABLE PRACTICE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I have just been perusing a late No. of your Journal, containing an editorial notice of the above work, and as you have done me considerable injustice, though I presume not intentionally, I beg the privilege of saying a few words in reply.

You seem to think that I "entertain a terrible grudge against the fraternity of regular physicians;" but this, I assure you, is not the case, for I esteem the *honorable* and *enlightened* portion of the medical faculty very highly, and I am not aware that I have spoken of them unkindly, or in terms of severity. It is true, I have condemned their practice—believing, as I do, that bloodletting and the use of poisons is one of the greatest evils with which our country is at present afflicted—but this, I trust, will not be construed into an insult of the advocates of said practice. However much I may be abused or persecuted by the "fraternity of regular physicians"—and it is not long since they threatened to assassinate me in one of our southern cities for presuming to lecture upon *medical reform*—I shall treat them with due respect; and endeavor, so far as in me lies, to return good for evil.

You say that my work is destitute of originality, and intimate that the

greater portion of it is borrowed from established medical authors. If this is the case, I am surprised that you should have condemned it with so much severity, for if it is a mere transcript of works which have gone before it, it cannot be so utterly worthless as you would lead your readers to suppose. The plea of non-originality, however, should have come from some other source, for there is no class of authors in the world, who are guilty of such extensive and unblushing plagiarisms as those who write upon medicine. It is not long since a *medical professor* in New York was accused, in the columns of the New York Lancet, of having delivered a lecture as original which he took almost *verbatim et liberatim* from Southwood Smith's Physiology of Health; and Southwood Smith himself is a wholesale plagiarist, for I have detected almost entire pages in his works which he had taken from other writers, without any acknowledgment whatever. The same may be said of your dispensatories, works on *materia medica*, &c.; and those who are familiar with them, will not deny that whole pages are transferred from one work to another without the slightest credit. There is such a thing as straining at a gnat and swallowing a gate-post. In regard to myself, I have, as stated in my preface, availed myself of the usual authorities, where they could be of any service, but I have been careful, so far as I know, to give the necessary credit. Furthermore, whatever I may have quoted from medical authors, as common property, I am not indebted to them for the views which I have advanced in regard to the treatment of disease, which I consider the most essential part of the healing art.

You suggest that "a deep game is playing between Dr. Thomson and myself for a high stake." Here again you do me injustice, if you mean to convey the idea that I am connected with Dr. Thomson either directly or indirectly. As a *man* I despise him, particularly when he has done so much to injure me, both in a moral and pecuniary point of view; but I am free to say, *ignorant* and *illiterate* as he may be, in many respects, that he has introduced many salutary reforms into the healing art; and I thank God that I am not so warped by *bigotry* and *prejudice*, as not to appreciate any important discoveries which he may have made.

Speaking of myself and my work, you say—"We are persuaded he will be excessively chagrined, some half a dozen years hence, that he committed himself so grossly. With more light, which must break in upon him, this non-descript offspring will appear a mortifying memorial of immature judgment, and, perhaps, confessed ignorance."

Where is the "*light*" to come from, of which you speak? Certainly not from the cloisters of a college, the wards of your hospitals and alms-houses, nor the musty volumes which have been accumulating in your libraries since the days of Hippocrates. I have been in the habit of reading medical books, to a greater or less extent, for the last fifteen years, and for the last six or seven years I have made them my almost exclusive study, excepting when called away by practice; and I have found them, so far as it relates to the practice of medicine, a mass of absurdity and contradiction. No one author agrees with another, and you have almost as many theories as there are sands upon the sea-shore. I have attended lectures in your medical colleges, but the same midnight darkness prevailed there, which has been hovering over the world for the

last two thousand years. I have spent much time in your hospitals, and I have been pained and sickened to the soul, to see your patients lingering for months upon the bed of disease without deriving any benefit. The more "light" I receive, the more I am convinced that the medical faculty are "groveling and groping in the dark," as Dr. Millingen has expressed it; and so long as I succeed in curing maladies which the medical fraternity consider incurable—and that, too, by the use of agents which are free from poisonous properties—I shall not regard my work as a "mortifying memorial of immature judgment, or confessed ignorance." I have been too long familiar with the triumphs of the practice which I am endeavoring feebly to promulgate, to believe that your prophecy will be fulfilled. Nevertheless, my mind is open to conviction, and if convinced that I am in error, I will be the first to make the acknowledgment. You do me the compliment to remark, strangely enough, after condemning my book with so much bitterness, that I have "all the elements at command which would ultimately lead to usefulness and permanent distinction;" and I beg to assure you that it will be my pride, as well as ambition, to employ the feeble abilities which God has given me, in exposing medical *quackery* of every description—whether it be perpetrated under the mask of a diploma, or by those who do not claim to be *learned* and *scientific*.

You inquire what I know about midwifery, being an unmarried man. This is a singular question, when you are aware that many practitioners of the *old school*, in Boston, who still remain in a state of single blessedness, have an extensive midwifery practice. You also ask whether I dare pretend that I am a critical anatomist, meaning that this is an indispensable requisite in one who writes a guide for females. It is not for me to answer the question, but you yourself have said that my treatise on anatomy and physiology is "unobjectionable," and therefore it is to be presumed that I have a competent knowledge of the subject. But I would ask, in turn, whether the study of the pelvis, and other parts and organs concerned in parturition, is so difficult, that an individual, after attending several full courses of lectures on anatomy, and passing considerable time in the dissecting room, cannot become sufficiently familiar with it, to write a guide for females?

Furthermore, you say that this part of my work is "a congeries of scraps, picked up here and there," &c., and that "it will prove a blind guide to those who are about being mothers." If you read the work, you must have perceived, that I labored to show, by selections from standard medical authors, that parturition is a natural process, not necessarily requiring the aid of a physician—that the *examinations* which are so frequently made by medical men are not only revolting, but more injurious than beneficial—that the murderous instruments which are so much in vogue among physicians of the old school are an abomination, and frequently destroy both mother and child—and so on to the end of the chapter. With regard to treatment, however, I think you will find that I have not borrowed my ideas from your text-books; and whether my work be a "blind guide" or not, I have received the assurance of many "mothers," since it was published, that, by following its directions, they

have dispensed with their physicians and passed through labor with but little trouble or difficulty, whereas previously, their sufferings were extreme, and their lives almost a sacrifice.

Very respectfully yours,

Boston, April 29th, 1842.

M. MATTSON, M.D.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 11, 1842.

AZORES, OR WESTERN ISLANDS.

THESE beautiful islands, lying nearly midway between us and Europe, are about to become a place of great resort for invalids. They are well known to enjoy a most equable temperature throughout the year, and in some of them are cold and hot springs, far surpassing in medical virtues any in Europe. Dr. Buller, in his late work, has given highly valuable and interesting information respecting these islands, and considers them preferable to Madeira as a residence for invalids. The springs appear to be particularly beneficial in cases of rheumatism, affections of the digestive organs, and cutaneous diseases. Consumptive patients have received more benefit from a residence in the Azores than in Madeira. Good roads, in the larger islands, enable the visiter to enjoy the exercise of riding, which is not the case in Madeira. Few persons from this country have repaired to the Azores in search of health, in consequence of the rarity of opportunities for reaching the islands in comfortable vessels. This obstacle is now removed. The W. I. Steamers now regularly touch at Madeira, whence a superb vessel sails with the mails and passengers for Fayal and St. Michaels, and returns to Madeira. Many invalids have already availed themselves of this arrangement, and it is becoming common for such to pass a part of the year in Madeira, and the residue in the Azores. This appears to be in accordance with the advice given by Dr. Buller in his work. Madeira is in summer oppressively hot, while in the Azores the temperature is delightful; the winter is preferred for a residence in the former island.

The springs are of various kinds, impregnated with salts, iron, sulphur, &c.; they are gaseous and acidulous. The hot springs are sulphureous and chalybeate, and some of them similar to those of Baden. Bathing houses have been erected, and the water boiling up from the bowels of the earth is conducted into them. Dr. Buller states that the use of the waters has been of remarkable efficacy in dropsy and obesity, and their use in the disease of females has been attended with the happiest results.

Medical Controversies.—Nothing is more difficult than to reconcile two men who think themselves justified in perpetuating a feud. Miss Edgeworth relates an excellent story about a man and his wife, who quarrelled, and finally separated, because they could not agree concerning the length of a straw. In nearly all the misunderstandings that occur between medical practitioners, if properly weighed in the balance, by unprejudiced lookers-on, it will be found that the mountain difficulty, after all, is only about the length of a straw.

Notices have appeared, from time to time, in regard to the case of prosecution at Cortlandville, N. Y., for mal-practice in surgery. The bone of contention—the most of it, at least—is in the leg of one William Smith, a pauper—or no pauper, it is hard to determine which—in that village. The limb was fractured—and, before being restored to health, he seems to have fallen under the care of three surgeons, who, so far as we can learn, are skilful; well-instructed, experienced operators. The first two suggested that an amputation was necessary, but before the suggestion was acted upon, the patient placed himself in the hands of the other gentleman, who discovered no cause for making him minus a leg, and adopted measures to cure him with it on. Out of all this, and the circumstances connected with it, as nearly as we understand the matter, a prosecution was instituted against the former individuals for mismanagement of the limb. Before any decision was made by the jury, as to who was or who was not blameable, the suit was withdrawn, the surgeons returned to their ordinary pursuits, and Mr. Smith took up his quarters at the Almshouse.

In the memorable and far-famed trial for the possession of a certain oyster, of almost classical renown, the court ruled that the litigants might each have a shell; but the meat belonged to the lawyers who had so ably conducted the case. Who obtained the meat in this instance, is unknown to us—yet it is quite certain that the advocates and counsellors were not turned off with chaff. Suffice it to say, the case was dropped.

Aside, however, from all pleasantry, we will further state, that Dr. Shipman wrote us a letter a few weeks ago, which may be conveniently referred to at page 173, denying the assertion that Smith was in the Almshouse again on account of the limb, &c., as previously declared by another correspondent. The whole of Dr. Shipman's communication was published, because it appeared like a candid, satisfactory correction of an error which he considered of consequence to his professional reputation. But to-day appears a document from Drs. Goodyear and Hyde, that completely contradicts all that has been previously stated as true by Dr. Shipman. Both papers are now before the profession, and the reader must decide which of them is to be believed.

As this is probably the last time either party will have occasion to discuss their private griefs in this publication, we cannot omit saying that others besides ourselves deplore the existence and perpetuity of a difficulty that should be overcome by mutual concessions—for although both may honestly conceive themselves right, it is possible that both may be wrong. As already stated, we believe Dr. Shipman, and Drs. Goodyear and Hyde, are entitled to perfect respect and confidence, but they unfortunately cannot agree upon a certain point. We hope soon to hear that Mr. Smith has emigrated to Texas, beyond the ken of the belligerents; and that the gentlemen, who are spoken of in these remarks, esteem each other as we are assured they are esteemed where they reside. We shall always be happy to put in type their communications on subjects not connected with this matter; and in leaving it we respectfully offer them our good wishes for their individual happiness and future professional usefulness.

Improved Catheter.—At Mr. Metcalf's, in Tremont row, an improved catheter is now on sale, that is worthy of special examination. In the first place, the instrument is thoroughly wrought from the best of silver,

and finished well—an object of importance. Its chief improvement consists in being open at the extremity, instead of being perforated with small apertures, laterally, as in the common kind. But it would have been objectionable were it not for a peculiarity in the extremity of the piston—which enlarges into a bulb, filling the calibre of the tube, and presenting a smooth, polished surface externally, so that its introduction into the urethra is easy. When within the bladder, the rod is to be withdrawn, and then the full value of the contrivance is realized. Particles of sand, pus, &c., which could not flow out through the punctures of the ordinary instrument, come off with facility. To us these look like essential improvements. Those most interested in the management of catheters, should not forget to avail themselves of an opportunity of seeing it. The manufacturer is Mr. D. Smiley, Jr., of Peterboro', N. H.

Medical Appointment.—Samuel B. Woodward, M.D., the Superintendent and Physician of the Insane Hospital at Worcester, Mass., has been elected Superintendent and Physician of the great Insane Hospital at Utica, recently erected by the State of New York—the most perfect establishment for the management of lunatics in the world, and presumed to be the largest. We believe Dr. Woodward has not yet accepted the appointment.

Medical Miscellany.—The trial of Dr. Luzenburg, for mal-practice in surgery—tried for the third time at New Orleans, in a case where the damages were laid at \$25,000—has resulted in a verdict for the surgeon.—It is said that the most violent animal poisons, as that of venomous serpents, for example, have no effect on the hedgehog.—In the *Medico-Chirurgical Review*, Dr. Stewart's work on the Diseases of Children is spoken of as *the most complete and erudite work on the subject in the English language*, which is merited praise.—Mrs. Ruth Irons, who died last week at Hartwick, N. Y., at the age of 55, had suffered from dropsy for nine years; but within the last two years and a half, she was relieved occasionally by paracentesis abdominis—having had a few gallons over sixty barrels of water drawn off in that time, by Dr. Thrall.—Dr. Asa Gray, of New York, has been elected Professor of Natural History at Harvard College.—An epidemic erysipelas prevails in Pittsfield and some of the neighboring towns in the western part of Massachusetts.—Professor Espy has invented a plan that is highly spoken of for discharging foul air from the holds of ships.—Dr. Joseph Roby has received the appointment of Professor of Anatomy in the University of Maryland.

MARRIED.—In New York, Dr. L. Crowfoot, to Miss Sarah Stone.

DIED.—At West Randolph, Vt., Dr. John Edson, 66.

Number of deaths in Boston for the week ending May 7, 51.—Males, 29; Females, 22. Stillborn, 1. Of consumption, 2—old age, 3—drowned, 13—scarlet fever, 5—lung fever, 3—inflammation of the lungs, 4—dropsy, 1—apoplexy, 1—scald, 1—disease of the brain, 1—croup, 1—inflammation of the brain, 1—child-bed, 1—debility, 1—erysipelas, 1—brain fever, 1—smallpox, 1—cancer in the throat, 1—insane, 1—throat distemper, 1—intemperance, 1—typhus fever, 1—carcinoma uteri, 1—inflammation of the bowels, 1—unknown, 1.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row. My 11—
D. SMILEY, JR.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. April.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. 1.	2, P.M.	Sun. 2.	Sun. 1.	2, P.M.	Sun. 2.			
1 Frid.	18.31	32	29.65	29.68	29.66	NW	Fair		
2 Satur.	30.56	58	29.60	29.42	29.35	SW	Fair	Snow in the night.	
3 Sun.	52.63	56	29.32	29.39	29.46	NW	Fair	Dwarf willow and red maple in blossom.	
4 Mon.	38.38	36	29.63	29.68	29.68	NE	Cloudy	Rain in the forenoon.	
5 Tues.	34.38	37	29.56	29.50	29.50	NE	Cloudy		
6 Wed.	36.59	58	29.59	29.60	29.55	SW	Fair	Fog in the low grounds.	
7 Thur.	46.50	44	29.40	29.33	29.27	NE	Cloudy	Crocus in blossom.	
8 Frid.	40.43	37	29.27	29.36	29.39	NE	Cloudy	Rain in the morning.	
9 Satur.	84.42	38	29.42	29.47	29.50	NE	Fair		
10 Sun.	35.50	48	29.45	29.43	29.34	NE	Fair	Aurora Borealis.	
11 Mon.	45.61	58	29.63	29.27	29.29	NW	Fair	Liverwort in blossom.	
12 Tues.	37.54	52	29.37	29.34	29.38	N	Fair	Leatherwood in blossom.	
13 Wed.	31.55	46	28.54	29.54	29.48	SW	Fair	Aurora Borealis. Rain at 9 P. M.	
14 Thur.	38.44	52	29.32	29.22	29.26	N	Cloudy	Brilliant Aurora.	
15 Frid.	35.57	50	29.38	29.38	29.40	SW	Fair	Sowed peas, lettuce and early beets.	
16 Satur.	37.51	51	29.50	29.60	29.62	NW	Fair	Aurora last night. Dandelion in blossom.	
17 Sun.	37.55	48	29.74	29.78	29.78	E	Fair		
18 Mon.	37.39	36	29.70	29.64	29.53	NE	Rain	Rain, with snow and hail.	
19 Tues.	36.42	42	29.82	29.29	29.10	NE	Rain		
20 Wed.	44.56	52	29.04	29.18	29.32	NW	Fair	Rain in the morning.	
21 Thur.	38.64	60	29.50	29.55	29.50	S	Fair		
22 Frid.	49.82	74	29.89	29.25	29.18	SW	Fair	Peach trees in blossom.	
23 Satur.	59.63	60	29.22	29.43	29.50	N	Fair	Blue violets and wind flowers in blossom.	
24 Sun.	89.60	54	29.56	29.55	29.50	SW	Fair	White frost. Cherry trees in blossom.	
25 Mon.	47.53	52	29.40	29.38	29.34	NE	Cloudy	Rain commenced at quarter after 6 A. M.	
26 Tues.	42.45	44	29.30	29.12	29.03	NE	Rain	Thunder storm in the night.	
27 Wed.	42.58	46	28.84	28.82	28.40	SW	Fair	High wind. Showery.	
28 Thur.	39.46	44	29.97	29.02	29.10	W	Fair		
29 Frid.	38.53	51	29.19	29.19	29.20	NW	Fair	Shad bush and columbine in blossom.	
30 Satur.	37.62	65	29.29	29.35	29.20	NW	Fair	Daffodil in blossom.	

The month of April has been pleasant, and favorable for the opening of the year. The flowering season is fifteen or twenty days earlier than the last year. The barometer has varied from 28.82 to 29.82; the thermometer, from 30 to 83—mean of extremes, 56. Inches of rain fallen, 2.82.

MASSACHUSETTS MEDICAL SOCIETY.

THE Censors of the Society and First Medical District will meet at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, the 19th of May, at 4 o'clock, P. M.
My. 4—tm JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTITUTE OF PHILADELPHIA.

LOCUST STREET, ABOVE ELEVENTH.

THE Course of Lectures will commence on Monday, April 4th, and continue until the last of October ensuing, with the exception of August, which is a vacation.

LECTURES

On Practice of Medicine, by N. CHAPMAN, M.D., W. W. GERHARD, M.D.

Anatomy, by W. E. HORNER, M.D., PAUL B. GODDARD, M.D.

Institutes of Medicine, by SAMUEL JACKSON, M.D.

Materia Medica and Therapeutics, by JOHN BELL, M.D.

Chemistry, by JAMES B. ROGERS, M.D., ROBERT E. ROGERS, M.D.

Obstetrics and Diseases of Women and Children, by HUGH L. HOPKES, M.D., WM. HARRIS, M.D.

Principles and Practice of Surgery, by THOMAS HARRIS, M.D., W. POYNTELL JOHNSTON, M.D.

January 8th, 1842.

M 2—2m

W. E. HORNER, Secretary.

TO LET,

A PHYSICIAN'S office, heretofore occupied as such, pleasant and eligible, with board in the family if desired. Apply to Dr. Mann, 16 Summer street. Mh. 28—tf

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, MAY 18, 1842.

No. 15.

SUB-CONJUNCTIVAL OPERATION FOR STRABISMUS.

BY JOHN H. DIX, M.D.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The majority of your readers are probably wearied with accounts of operations for strabismus; and if the result of the division of the internal rectus, according to the usual and simplest method, had proved to be in all cases, and in every respect, quite satisfactory, I should not again trouble you upon a subject with which I have already occupied so much space in your Journal. In many cases where the squint is entirely removed, it will be remarked by an ordinary observer, that although the eyes are straight, they are not alike, and to a critical observer it will be evident that this dissimilarity is owing to a projection of the eye which has been operated on, and an abrupt indentation at the inner canthus, giving to the eye on this side the appearance of a globe lying in the orbit, but detached from it. The long vertical incision midway between the cornea and inner canthus has allowed the semilunar fold to recede, and the globe in some degree to project.

Division of the muscle beneath the conjunctiva obviates, of course, the first of these consequences, the retraction of the semilunar fold, and prevents any very considerable projection of the globe, though these advantages do not seem to have been much insisted on by M. Guérin, who first proposed this method of operating, his object being to guard against the inflammatory action which might result from laying the sclerotic bare. Although, as regards the subsequent inflammation, nothing is to be apprehended from either method if neatly performed, the sub-conjunctival method has strong claims to preference for the other reasons just mentioned.

M. Guérin's method has already been well described and illustrated in your Journal, but as my design in this communication is to commend to your attention another method of doing the same thing, I will briefly state his as follows. The lids being secured and the patient in a recumbent position, the eye is everted and kept steady by means of a double hook inserted into the albuginea, and an opening is made through the conjunctiva and the investing sheath or fascia of the muscle at its lower margin. M. Guérin's knife is now to be passed between the sclerotic and the tendon of the muscle, keeping the blade flat upon the sclerotic, until it is fairly inserted, when the edge is to be turned outward against the tendon, which sometimes parts with a faint noise. This is, I

believe, the way in which the operation of tenotomy is performed for other deformities in orthopedic practice; but in its application to the muscles of the eye it is objectionable on several accounts. In order to give to the muscle the degree of tension necessary for the division of its tendon by simply turning the edge of the knife against it, the double hook must be applied with a force, which, independently of the pain it occasions, might be, though I am not aware that it ever has been, hurtful to the internal textures of the globe, while from the length of the blade and the rolling of the globe upward, which is prevented only in fact by the outward traction with the double hook, the usual motion of cutting is impossible to any useful extent. Unless the curvature of the blade very nearly suits the convexity of the globe, where the division is to be made, as the knife is pressed outward, one portion of the blade may be cutting the conjunctiva, before the section of the tendon is thoroughly accomplished. And if it be expedient, as in very decided cases of squint it is, to divide the muscle posteriorly to its tendon, these difficulties are enhanced. Indeed it is only in cases where the squint is very decided that they offer any serious obstacle to one who is familiar with the use of Guérin's knife, and in my own practice I still adopt this method of M. Guérin on account of its simplicity, when the eversion is *very slight, the globe prominent, and the patient an adult of sufficient firmness to hold the eye everted with but little aid from the double hook*. But the more numerous cases of decided squint are precisely those in which it is most important to keep the conjunctiva whole, inasmuch as the greater the squint, the greater the liability to projection of the globe and a gap at the inner canthus.

I have, therefore, adopted the following method, which in such cases is, in my own hands, far more convenient and effective, and less painful. The patient is sitting with the head slightly inclined backward upon the assistant who raises the upper lid, and the eye everted as far as possible by a voluntary effort. A horizontal slit is made, either with a knife or scissors, just above the upper edge of the muscle, through not only the conjunctiva but the fibrous cellular investment of the muscle. Through this opening the blunt hook is passed between the muscle or tendon, and, carrying it fully down, the lower margin of the muscle will be certainly indicated by the appearance of the end of the hook, covered only by the conjunctiva, in which, at this point, a second horizontal slit, about a line and a half in length, is made. Through this lower slit, the section of the muscle or its tendon is made from below upward with a pair of slightly-curved scissors, one blade passing between the conjunctiva and the muscle, and the other between the muscle and the sclerotic; the muscle being at the same time raised a little from the globe, and effectually prevented from rolling upward by the blunt probe or hook, which has been inserted under it from above downward. The section of the muscle is known to be complete, when there is left upon the hook only a strip of conjunctiva; but it may be still further verified by holding this portion of conjunctiva aside, before the hook is withdrawn, so that the sclerotic may be seen or felt. The horizontal openings in the conjunctiva will in some cases be found to afford a convenient opportunity of making a free section of

indurated and contracted cellular or fibrous tissue, both above and below, a proceeding which in cases of long standing is often required, and from the direction of the slits their edges are brought more nearly in apposition, the greater the change which has taken place in the position of the globe.

I am fully aware that little credit attaches to those who, following in the track of a great discoverer, strive to appropriate to themselves, by trifling or imaginary improvements, a portion of his reputation, and would by no means be understood to say that very perfect results have not been obtained in the manner originally directed by Professor Dieffenbach, or that M. Guérin's operation is impracticable or unsuccessful; but only to express my conviction that by preserving the integrity of the conjunctiva between the cornea and inner canthus, very important objections to the operation are obviated, and to point out a method by which this may be most easily and thoroughly effected in decided cases. And I am the more convinced that some modification of M. Guérin's method was needed to render it conveniently applicable in decided cases, by the fact that I have searched the foreign journals in vain for evidence of the adoption of the sub-conjunctival operation by those gentlemen who have heretofore made the most valuable communications on the subject. The following are among the earliest cases on which I operated in this way.

November 25th, 1841.—Mr. B. W. S., of Boston, æt. 17, has squinted from birth as at present. The strabismus is slight and confined to the right eye, but the deficiency of vision is greater than would be expected from the degree of the inversion. He can see the outline of large objects, but cannot discern letters of any size. When both eyes are used, he experiences a pain in the right, which frequently obliges him to desist from his occupation, and interferes with his attendance upon a trade which he is desirous of learning. It is chiefly in the hope of being relieved in this last respect, that he wishes to have the operation performed.

Dr. Nye of Lynn, and Mr. C. H. Call, assisting me, the sub-conjunctival operation was performed in the manner above described, and the eye became immediately slightly everted. After a few moments rest, however, it assumed the centre of the orbit, and he has the power of inversion slightly. All the portion of conjunctiva between the lids is undisturbed. Patient directed to keep both eyes open and turned towards the left.

December 1st.—Vision of the right eye clearer, position slightly inclined inward, especially after looking long and steadily towards the left. Continue still to look towards the left.

12th.—Position of eyes as at last report. Vision improving in the right, though not so good as in left eye. He has now acquired complete control of the motion of the right eye inward. Use both eyes, without any effort to turn them to the right or left.

May 5th, 1842.—The position of both eyes good, and no difference perceptible in their appearance.

November 29th, 1841.—Mr. T. R., æt. 29, of Boston, has squinted from birth. The squint alternates from one eye to the other, but is greatest in the left, which, when he is looking straight forward with the right, is so far inverted as to conceal at the inner canthus one third of the

cornea, the turn being slightly upward as well as inward. Vision with this eye not so distinct or so far as with the other, and a long-continued eversion of it causes some uneasiness at the inner canthus.

Dr. N. W. Oliver and Mr. C. H. Call present. The muscle was very full and strong, and immediately on its division, posteriorly to the tendon, the globe was felt to be loosened and assumed nearly its proper position, there being still a very slight tendency inward, and the power of moving it inward remaining in a small degree. Right eye to be bandaged, and left everted. The integrity of the conjunctiva at the inner canthus is fully preserved, the small horizontal slits above and below the muscle being completely hidden by the lids when they are opened as far as the patient has power to do so, and their edges being in apposition whether the eye is turned inward or outward.

April 20th, 1842.—Mr. R. left town immediately after the operation, and now calls upon me for the first time. The left eye is perfectly straight, and the right, which for some weeks after the operation was a little inverted, now exhibits no obliquity except when he is turning both far towards the left. A scarcely appreciable fullness of the left eye upon close examination.

December 8th, 1841.—Mrs. R., æt. 56, has squinted with the right eye since she was 4 years of age, in consequence, as she thinks, of an attempt, in company with some playmates, to distort the eyes. The vision of the right eye has always been imperfect, being sufficient to distinguish persons and things, but not to read. The inversion, though decided, is not very great, and she says that she has wished to have the muscle divided, not on account of the deformity, but because for the last three months she has been alarmed to find the vision of her left eye (the straight one) becoming obscured, a smoky atmosphere seeming to envelope every object. Upon a careful examination of the two eyes, I find no decided evidence of an opacity in the lens or capsule of the lens of the left eye, although the pupil of this eye exhibits somewhat more distinctly than the right, the whitish appearance, which is frequently found in advancing life, without any known loss of sight. As, moreover, the ordinary use of the eyes, if long continued, is attended with an uneasy sensation, sometimes amounting to pain, at the inner canthus of the left eye, and most sensibly felt when she is looking towards the left, it is probable that the dimness of vision in this eye is owing to the constrained and exclusive use of it.

The internal rectus was divided at its tendinous part in the presence of Dr. H. O. Stone and Mr. J. Palmer, and the eye immediately became straight, the power of turning it inward remaining in about half its previous extent. * * * * *

April 5th, 1842.—Both eyes are now, four months after the operation, straight, their motions correspond in every direction, and no projection of the right eye is observable. There was on the first days after the operation a sensible improvement of vision, and entire freedom from the uneasy, painful sensation at the inner canthus. With the right eye alone she can now see to read, and the smoky haze in the left eye, which commenced three months before the operation, has for the last

fortnight been wholly relieved. Although this improvement in the left eye is undoubtedly chiefly owing to the removal of the obliquity in the right, it is proper to state that it was probably promoted by the abstinence from the ordinary occupations of reading and sewing, which was enjoined for the first month, and adhered to with less strictness for the second month, after the operation.

Boston, May, 1842.

RUPTURE OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the following is rather a rare case, if you think it would prove interesting to your readers, please insert it in your valuable Journal.

Ashby, May, 1842.

Yours respectfully, A. HASKELL.

Mr. ———, a man of middling stature, well proportioned, a farmer by occupation, 64 years of age, for two years past had been subject to severe paroxysms of pain, commencing at the pit of the stomach, and extending through the left side to the shoulder, and thence down to the elbow. The usual medicaments, such as most families frequently keep, and have no hesitation in administering without consulting a physician, as paregoric, camphor, essence of peppermint, &c., given pretty freely, would sometimes seem to afford relief, and at others were wholly inefficient. After a while, perhaps from one to three hours, the pain would cease at once, and he would return to his work. No irregularity was ever observable in the pulse, and he was remarkable for having a good appetite, and enjoying a good meal. He had experienced no inconvenience in pursuing his usual occupation, till about a fortnight before his death. During this time a little exertion in working or walking would cause a recurrence of the pain, and induce so great a degree of debility, that he was able to labor but very little.

The pulse varying but very little from its usual velocity, but rather full, his son, who lately commenced the practice of physic, thinking that bloodletting might be serviceable, Mr. ——— came to me on the 29th ult. at 3½ o'clock P. M., and I took away 20 oz. of blood from the left arm. It produced a little faintness; but after lying down awhile, he got up, and recovered his natural freshness of countenance. Complaining of some pain in the stomach, he took an opiate with camphor, and conversed cheerfully until 5, when he returned home. But after going two thirds of a mile, the pain increased to such a degree, that he was obliged to stop at a neighbor's. Being sent for in haste, I soon saw him, gave him laudanum, and applied sulphuric ether to the region of the stomach and breast several times, but without any apparent benefit; when understanding that he had eaten a hearty dinner of *boiled dish*, and on the ground that his pain might be aggravated, if not caused, by such a loaded state of the stomach, I gave him an emetic, which produced several ejections of partially digested food. This, however, relieved him only for a few moments, when the pains would return with

apparently increased violence. Warm external applications, as blankets wrung out with hot water, gave but momentary and partial relief. After repeating the opiates, with various stimulants, he rode home, but without any mitigation of pain. The hot applications, with pediluvium, were perseveringly continued, together with laudanum, till 11 o'clock, when I gave him repeatedly sulph. ether, with opiates, which seemed to have some effect in abating the pain. He gradually became easier, so that his wife and a son (the only residents in the family) went to bed, expecting he would recover as formerly. About 3 A. M., on the 30th, Mr. — spoke to his wife, and said he felt sick, and thought he should vomit, which he did immediately. He had taken two cathartic pills, and his wife, thinking it a proper time to repeat them, got up and went for them. On returning, she heard him groan, and he immediately expired.

A post-mortem examination, which was made the day following, May 1st, in the presence of several physicians, presented the following appearances. The right lung adhered to the pleura through its whole extent—the left, to the extent of about two thirds of its surface. The whole volume of the lungs was very much engorged with blood, much more so than is generally found, even so long after death; otherwise in a healthy condition. The pericardium was very fully distended. On opening it, we were not a little surprised on finding it to contain coagula of blood with a liquid, consisting probably of blood and serum, the whole filling a pint measure. On pursuing our examination, we found a rupture of the left ventricle, about fifteen lines from the apex, and twelve in length, and two others near it about one third as long. There was around the rupture an unusual softening and spongy texture of the muscular fibres, which very readily yielded to a gentle pressure between the thumb and finger. The heart was of the usual size and of a healthy appearance, except perhaps near the rupture, where it was a little darker colored.

Mr. — had never been subject to cough or dyspnoea. During the last fortnight there might be some difficulty of breathing, while he was suffering severe pain in consequence of exercise; but when at rest, his breathing was not at all interrupted.

Query.—Were the pains Mr. — occasionally suffered, produced by the diseased state of the heart, by the extensive adhesions of the lungs, or by the transient inflammation which caused those adhesions? Or, what was their cause?

NAVY MEDICAL SERVICE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The purpose which I had in view, in writing a pamphlet upon the U. S. Naval Medical corps, namely, the elevation of one division of the medical profession, to that degree of respectability which belongs to the profession at large, alone induces me to trouble you with any reply to your remarks upon that pamphlet. I regard it as a piece of conceited

assumption for any one, who gives a communication to the public, to find fault with the opinions his communication may elicit; but when his facts are misunderstood or perverted, it becomes a duty not only to himself, but to his subject, to correct such errors. A professional friend, in alluding to your article, remarked that "it was so different from the usual tone of the Journal, that I think there must have been some personal feeling." But as I am entirely unknown to you, and as I cannot suppose that the sentiments of any one actuated by such a motive, and likely to suspect the authorship of the pamphlet, would find admission into your Journal under the editorial sanction, I rather attribute your remarks to a hasty perusal of my pamphlet, a misunderstanding of its object, and a misconception of my motives.

Your first inference, that it was prompted by a disappointment in promotion, is so far wrong, that to detail the truth would have the appearance of egotistical boasting. But although I have for some years occupied the highest permanent rank of my corps, in common with many others, I have been unwilling to leave the worthy young men just entering the service, to the depressing difficulties and harassing vexations which I have passed through, merely because I am now beyond their reach. For the sake of my junior professional brethren, and for that of my profession, I have been willing to remember

———*Quæque ipse misserima vidi
Et quorum pars magna fui.*

The assertion that "the cry of the horse-leech, *give, give, give*, is heard in every line of the exposition," is so contrary to the whole spirit of the pamphlet, that it appears to countenance the idea that your remarks have been suggested by some one of prejudiced mind, rather than by your own perusal; for the purpose of increased pay is expressly disclaimed, and higher incentives to official conduct are as distinctly pointed out and advocated; but, in enumerating all the grievances of naval medical officers, the great discrepancy between their pay and that of other officers, and of their own corps in other services, is too great to be overlooked. It is alluded to as a part of the general system of humiliation. In no part of the pamphlet can you find a request for "a little more of nothing to do," or an exemption from duty even hinted at; the taunt is, therefore, entirely uncalled for. Equally unmerited is the charge of flattery to the Secretary of the Navy, as no more is said of this officer than the whole country awards to his acts, or than was necessary to show that the "Exposition" was not intended as an impertinent dictation to him.

The imaginary pleasures derived from "varying climate and scenery," like most other fancies, would, I assure you, disappear before the test of reality. Not to estimate the amount of mental anxiety and suffering growing out of years of separation from every relation which makes life valuable, the physical discomforts alone, even in times of peace, are far more than a counterpoise to all the pleasures of a naval life. Cruising for years in a small vessel, on a stormy coast, many officers crowded in one apartment, that apartment deluged, for days together, with water from seas breaking fore and aft over the vessel, the hatches battened

down and covered with tarpauline, excluding all light but that derived from a horn lantern, dimmed with smoke, your clothes and boots soaked in water; without, for weeks, a dry bed to sleep in, and for days without the means of preparing the homely food you have; this discomfort occurring, not as with transient voyagers for a single gale, after which they are restored to the comforts of home, but again and again, during a cruise of years' duration, the best years of youth, and the compensating scenery being that of a wild, dangerous, and unsettled coast; living for weeks upon a daily slice of fried pumpkin, with a little bread dust, and drinking molasses to stay hunger, or lying in a rigging-loft upon a small island, prostrate with yellow fever, with twenty of your patients in the same condition around you, with only an ignorant doctor, not even a brother officer, to minister to you—is buying variety of scenery over dear. Such having been a part of my personal experience, I feel a right to allude to it as a moiety of the discomforts of naval life, to show that the life is not so desirable as fancy might paint; but not to complain of the lot and hazards which every officer may encounter who enters the public service.

The argument that dissatisfaction may be avoided by resignation, is so inconsistent with common justice, that I have no fear of its general admission, and I think some reflection would induce your own withdrawal of it. Would it be either just or wise for any service to heap difficulties and miseries upon its servants to the last point of endurance? or to go on and drive them out, set after set, until some are found willing to bear their grievances and remain? Is it just to make an officer's necessities the only measure of his rights? From other considerations the contingency of resigning or remaining in the service is no test of its liberality or advantages. The medical officer generally enters the service, ignorant of what is before him; his first cruise is on a distant station for three years, at the end of which he hopes for better things, and so goes on hoping from year to year, until all that period of life is passed in which he should be securing his permanent settlement; and finally he remains, although the situation of any "land doctor" surrounded by the comforts of family and home, and whose success has been that of ordinary ability and assiduity, may be envied by any naval surgeon.

You require "more tangible facts." I have given you definitely, the dwelling place, official and social relations, and pay of medical officers in their respective grades. I have pointed out the advantages over them of almost every other class of officers in the service; the better condition of their brethren in the land and foreign services. These, which cover the whole existence of the individual, are surely facts sufficiently tangible, and I am surprised that any one should be willing that any portion of the profession of which he is a member, should continue in a position inferior to that of other officers, having no higher claim; but as this is a matter of opinion, however I may regret it, I claim no right to find fault with it.

As a matter of justice, I request a correction of the wrong inferences you have drawn from my pamphlet, which I have no doubt you will grant me by the publication of this letter from the author of

Baltimore, May 8, 1842.

"AN EXPOSITION," &c.

EXTRACTION OF A NEEDLE FROM THE GEMINI MUSCLES OF A CHILD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—If you think the following case of sufficient interest, please give it a place in your Journal.

A male child of G. K., of this town, aged fourteen months, had been strong and healthy till the age of eleven months, when he could walk alone. Soon after, from some unknown cause, his health began to decline, and he became feeble and emaciated. I was recently called to the child, and informed by the parents that they had discovered a hard substance situated in the flesh, about midway between the ischium and the pubis. The substance appeared small and indistinct; and on attempting to grasp it, would recede and apparently disappear. I made an incision with a small scalpel, perhaps half an inch in depth, and extracted a common *sewing needle*. The child recovered his health rapidly.

Westminster, May 2d, 1842.

FLAVEL CUTTING.

WINE AT THE ANNIVERSARY DINNER OF THE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Please to permit me, through the medium of your Journal, to suggest the expediency, or duty, of the Massachusetts Medical Society's dispensing, in future, with wine at its annual festivals. Many reasons might be offered for doing it, but I shall present but one, which I trust will suffice. A large number of the Fellows of the Society are also members of temperance societies, whose pledges forbid both the use of wine, and the furnishing of it for the entertainment of their friends, as, also, the countenancing its use at any time, as a luxury. Now so long as wines are used or furnished at the annual dinners, and paid for out of the treasury of the Society, individuals belonging to temperance societies are virtually compelled to violate their temperance pledges, which to men of conscience is certainly a sore grievance. Does not, then, a regard for the feelings and principles of many of our brethren, setting aside all other considerations, require that *all* alcoholic beverages should be banished from our festive board?

May 7, 1842.

Yours truly,

A. D. B.

CASES OF OBSTINATE CONSTIPATION.

[THE following cases of constipation, treated by injection, are related by Dr. G. F. Carmichael in the Philadelphia Medical Examiner.]

Captain C., a seafaring man, has had permanent stricture of the rectum for five or six years, to such a degree as to subject him to habitual difficulty in evacuating his bowels, and occasionally to complete obstruction and retention of the fæces. At the time I was called to see him he had had no evacuation from his bowels for five days, and at that time was

suffering greatly from aggravated symptoms of constipation, viz., violent pain and enormous distension of the abdomen, sick stomach, constant vomiting, great thirst, sleeplessness, jactitation, inability to remain in a recumbent posture, oppressed and anxious countenance, &c. Previously to my visit he had taken numerous doses of purgative medicine, some of which were retained, and others rejected.

Prescription.—Bloodletting to $\frac{3}{4}$ xx.; warm bath; purgative draughts; enemata. No relief being induced by these means, and the symptoms increasing, I introduced the gum-elastic stomach tube of a patent injecting apparatus, its whole length (twenty-four inches, per anum) into the bowels, and threw up gently and slowly about a quart of warm soap and water. This was retained for some minutes, and its reflux then permitted through the tube. Whenever the eyelets of the tube became obstructed by undissolved fecal matter, they were cleared by injecting a little warm water through it. In this manner the accumulated feces (the cause of the symptoms) dissolved in the soap and water, were removed in a few minutes, and the patient expressed himself entirely relieved and immediately sunk to sleep. No farther treatment was necessary.

In a second case the same proceeding procured immediate relief, after the patient had been subjected for a whole week—he being in the greatest distress—to every variety and mode of treatment which is usually followed in such attacks, and when he was almost given up in despair. In the second case there was no stricture.

Cases of the above character are commonly regarded by practitioners of medicine and friends of patients with peculiar anxiety and solicitude; and as I feel assured that a most frequent cause of such cases, is accumulation of hard fecal matter in the large intestines, particularly in the ascending colon; insoluble by the secretions of the lining membrane of the bowels—incapable of being urged along the intestinal tube, either from its bulk or loss of peristaltic power from over-distension—and inaccessible to common lavements—I can recommend the above mode of injection for solution and removal of fecal obstruction of the bowels as satisfactory and safe, at least so far as my experience goes. I of course do not pretend to originality in the adoption of this plan, but merely testify to its sufficiency in time of need, when the usual means are defective.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 18, 1842.

NAVY MEDICAL CORPS.

OUR comments, a few weeks since, upon the pamphlet entitled "*An Exposition of the unjust and injurious relations of the U. S. Navy Medical Corps,*" has brought a communication from the author at Baltimore, which is cheerfully inserted in to-day's Journal. Although the author still conceals his name, a medical gentleman of that city, for whom we

entertain a profound respect, assures us that the writer of the exposition has no private ends to answer—that he is entirely above a sinister motive, and that his sole and exclusive object is just what he asserts in the pamphlet. If our observations were calculated to injure the cause which he is pleading, we shall regret it most sincerely; but it can be said, with truth, that we never before had reason to suspect that the medical corps of the navy were unjustly treated. We still think that it was a great mistake to send forth such a document anonymously; its arguments are thrown to the winds. Will the Secretary of the Navy, Congress, or the President of the United States, be influenced by an appeal that goes to them without a name? Giving the author entire credit for his motives, since the endorsement on the margin of the letter before us amply and honorably sustains him in that respect, we should feel badly indeed if a deserving class of fellow laborers in the cause of humanity, were beyond the reach of relief. If the army surgeons are paid more and better than those in the navy, the sooner things are equalized, the more gratifying to the lovers of justice. Still, with regard to ourselves, with but a limited knowledge, however, of the duties, and trusting considerably to those with whom we have conversed, it would be more desirable to be in the navy on half-pay, than in the army with the present rate of compensation. As to the disgraceful manner of accommodating assistant surgeons on ship-board, their necessary associates, and their unnecessary degradation, a reform seems to be loudly called for: they have our warmest sympathies. But without a bold and vigorous representation by the whole corps, with their names attached, they will assuredly suffer on, a century to come, unheard in high places, though commiserated by those who can render them no lasting service.

Transactions of the College of Physicians.—Another quarterly summary of the doings of the Philadelphia College, of which some account has been given heretofore, is published. It embraces the transactions of February, March and April. The promptitude with which the Journal is sent abroad, is extremely creditable to the officers. When such papers as constitute the body of this summary, are suffered to remain on hand till the authors are dead, or the name of the institution lost to the memory of the country, solely on account of its tardiness in getting ready to do something, all interest is lost in them, or rather they excite none when they do appear. But when they come directly from their authors, it rouses the reader to an active state of mind, and thus an influence is perceptibly exerted. Dr. Warrington's annual report on the diseases of women; Dr. Morris's case of poisoning with laudanum; Dr. Moore's on meteorology and epidemics, and Dr. Condie's annual report on the diseases of children, are exceedingly acceptable. Dr. Condie's article, especially, shows him to be a close observer, and a careful reader; he observes that "during the past year few observations have been recorded calculated to improve, materially, our acquaintance with the nature and diagnosis of the morbid affections that usually occur during childhood;" and from the number of authors cited by him, who are now writing in the foreign periodicals or elaborating distinct treatises, it appears that he is minutely acquainted with the passing medical literature of the day. The summary is a valuable quarterly contribution to medical science, which we hope will be sustained for many years to come.

Cooper's Surgical Dictionary.—Dr. Reese, the well-known American editor of an acceptable and improved edition of this very useful work, proposes to publish another, with further improvements, on a plan that commends the Dictionary in a special manner to our countrymen. Mr. Cooper was much gratified with the former additions made by Dr. Reese, and in a frank and gentlemanly letter, assured him of his obligations and friendship. A circular is abroad, addressed to our native surgeons, the design of which, as expressed by Dr. Reese, is "to solicit the favor of an early communication by mail, setting forth what greater operations you have performed, or what improvements you have introduced in the treatment of surgical diseases, including the construction of instruments, apparatus, &c.; and also, whatever you claim as original or novel, and which may be worthy of record. And if you know of any surgeon in your vicinity having claims in this department, whom I may inadvertently overlook in the distribution of this circular, you will do me a favor by obtaining from him a similar communication.

"Should any or all of your claims be published in either of the periodicals, be pleased to direct me to the volume, No. and page; or, if you have published in pamphlet or book form anything relating to surgery, a copy being forwarded to me will be improved by extracts or otherwise."

Dr. Reese adds, that it is important that he receive all communications early in the month of July of the present year. We view this invitation in the light of an intention to make known the claims of our own surgeons; and it is desirable that Dr. Reese should be speedily put in possession of all the published cases that would illustrate and establish the progress of surgery in the United States. One should communicate this request to another, so that no person who may have it in his power to add to the stock of materials that promises so much for our national character in operative surgery, shall lose the opportunity to do so.

Dr. McClintock's Introductory.—Notwithstanding it is impossible, in most instances, to transcribe parts of the introductions, which it is now customary to deliver in medical schools, at the commencement of a term, we shall endeavor to speak of them as they deserve. Dr. McClintock's well-written discourse, published by the class in the Castleton Medical College, points out the changes that have taken place in the department of instruction since the last year. If students *must* go to a city, the doctor tells them that Philadelphia is the best of the great cities. He does not conceal his partialities for the institutions there; but at the same time he endeavors to make the class contented with home, or rather Castleton, by a graphic narrative of the disastrous things, in the shape of vices, that might beset their youthful footsteps at the corners of the streets, even in the goodly place of his former residence. There is now and then a pleasant sprinkling in of apt quotations from the poets. "God made the country, and man made the town," a sentiment of Cowper, is appropriately introduced by way of making any discontented aspirant satisfied with his condition. No member of the class, it is presumed, will hereafter attend lectures in this metropolis, notwithstanding it is about four hundred miles nearer than Philadelphia to Castleton. In order to avoid Boston on the route, it may be advisable for them to go down on the east side of the mountain. We have as much respect for the profession of Philadelphia as Dr. McClintock, and with regard to

the advantages to be derived from the elevated system of medicine and surgery characteristic of the schools there, most fully agree with him. Still, it may not be amiss to remember that there are also medical institutions in Boston, New York, Baltimore and Washington, which have some pretensions to character and standing.

Anniversary Discourse.—At the annual meeting of the State Medical Society, which will be held in Boston towards the close of the present month, the discourse is to be given by Stephen W. Williams, M.D., of Deerfield, Mass. Some little curiosity is manifested to know what topic he will discuss. Dr. Williams has been before the public in the character of a medical teacher and writer, for a long series of years, and therefore his name is quite familiar in connection with those who have contributed to the fund of medical literature in this country. On whatever subject he may speak, it is quite certain that no effort will be wanting, on his part, to meet the high expectations of the learned body that he has been selected to address. Our friends from the country must not fail to have our venerable Society fully represented on the day of meeting.

Medical Honor.—In the printed catalogue of the members of the Prussian Medical Society, for June, 1841 (*Verein für Heilkunde in Preussen*), is the name of Martyn Paine, M.D., of New York, extensively known in the medico-scientific world, for his indefatigable industry in medical literature. This Society embraces the elite of the medical faculty of Russia and Germany, there being but one hundred and fifty ordinary members—and till the election of Dr. Paine, it had not conferred the honor of a diploma on a single person in America. It is gratifying that this gentleman is beginning to receive from the old countries of Europe, those distinguished testimonies of admiration for his talents, which have been perhaps, to some extent, denied him at home.

Elixir of Opium.—Our attention has again been called to this preparation, which is said to retain only the morphine, codein and narcein—and those in combination with its native meconic acid. Dr. M'Munn, the inventor, is spoken well of; and Drs. F. U. Johnston, John W. Francis, John C. Cheesman, and R. K. Hoffman, gentlemen of established reputation in New York, recommend the elixir to the patronage of the profession. In Boston, physicians will find it put up in small phials, at Smith & Fowle's, 138 Washington street, opposite School street.

River Fever.—In the report made to the Secretary of the British Admiralty, by Capt. Trotter, in which are detailed the particulars of the late unfortunate expedition to explore the Niger, honorable mention is made of the surgeons of the Albert, Wilberforce and Soudan Steamers. Dr. F. D. Nightingale, Assistant Surgeon of the Albert, died; also Dr. W. B. Marshall, Acting Surgeon, and Dr. H. Colman, Assistant Surgeon of the Soudan. Although the amount of sickness on board, after entering the river, was alarming, Dr. McWilliams thought the disease might assume a milder character, when higher up the stream. The theory, however, was incorrect; and from September 28 to October 5, Dr. McWil-

liams, assisted by only one white man, dropped down towards the sea. The vessel would have been obliged to float off without steam, had it not been for the mechanical ingenuity of Dr. Stranger, the geologist of the expedition, who, by consulting Tredgold's work on steam, and getting a little instruction from a convalescent engineer, undertook to work the engine himself. Dr. Stranger succeeded in taking the steamer safely below Eboe, without any accident; while Dr. McWilliams, in addition to his enormous press of professional duties as medical officer, conducted the vessel in the most able and judicious manner. It pains us to record the subsequent sickness of this energetic physician. How it has terminated with him, is at present uncertain. The malady that has proved so terribly destructive to European life in this last Niger expedition, is denominated, by the medical staff, the *river fever*—which they report to be unlike any fever spoken of in any work extant on fevers. It has such peculiarities as the surgeons had never before witnessed, either in Africa or the West Indies. Dr. McWilliams is of the opinion, as far as he can judge, that the Niger is not safe for white constitutions—and upon the strength of this, Capt. Trotter suggests to the Lords of the Admiralty, that it would be desirable, therefore, to procure assistant surgeons and black engineers. Had it not been for the boldness as well as various qualifications of the surgeons for doing everything *well*, the expedition might have been still more unfortunate: every man might have died, and no one left to explain the dreadful mortality.

Naval Appointments.—Drs. Robert T. Barry, Charles A. Hassler, David Harlan, J. D. Miller, Geo. W. Peete, Victor L. Godon, Robert Woodworth, and A. J. Wedderburn, have been nominated to the U. S. Senate, for surgeons in the Navy, and will probably be confirmed and commissioned.

Shrapnel Shells and Vaccination.—We have more than once adverted to the comparative estimation in which inventions for saving, and inventions for destroying our fellow creatures, have been held by the former governments of this country. It will be recollected that Jenner obtained from the parsimony of Mr. Pitt, and the liberality of Parliament, a vote of £10,000, for the discovery of vaccination, by which millions of mankind have been saved from deformities, blindness and untimely death. Lieutenant-general Shrapnel, who died a fortnight ago, and had discovered the destructive case-shot, *Shrapnel shells*, at the siege of Dunkirk, received for his discovery a life-pension of *twelve hundred pounds a year*, in addition to the pay of the respective ranks in the army which he subsequently held. We say nothing against the latter grant—the Shrapnel shell is a most efficient and murderous weapon of war—but one would think that the highest premium—the £1200 a year—should have been given to Jenner, on the ground that the discovery evinced a more philosophical genius, and a genius that deserved to be encouraged, as on the whole most useful to mankind.—*London Lancet*.

On the Employment of the Gelatine and Fat of Bones as a means of ameliorating the Diet of the Poor. By M. D'ARCEY.—M. D'Arcet, from the examination of the annual reports of the various hospitals, gives an apparently satisfactory answer to the seventh conclusion of the French

Academy as to the nutritive power of gelatine. He shows that the directors of the different hospitals at Lille, Metz, Lyons, Strasbourg, different parts of Russia, and the whole of Holland, have found experimentally, that the health of their inmates has improved from the date of their fitting up an apparatus for extracting the gelatine and fat from bones. With regard to one of the hospitals at Lyons, he mentions the very striking fact, that the mortality appeared to be reduced by this means alone from 90 to 72, at which it has averaged ever since the apparatus for the preparation of the gelatine soup was fitted up. Many other interesting facts are mentioned, showing the advantage of hospitals being provided with an apparatus for the preparation of gelatine from bones, for it appears that, whenever this gelatinous soup has been added to the diet of the patient, the sickness and consequent expense for medicines has been greatly lessened, the mortality has been considerably diminished, and the general health of the inmates greatly improved.—*Annales D'Hygiene, in Med. Examiner.*

Absence of the Uterus. By DR. CRAMER.—The case here related is that of a woman 30 years old, of perfectly feminine external form, who had never menstruated, but had frequently suffered from epistaxis, hæmoptysis, and other local congestions. She married at 23, and at 30, annoyed at having no children, submitted to an examination. No uterus could be found, but the external organs of generation were well formed, and the vagina was of normal width, as long as the finger, and ended in a *cul-de-sac*. The unusual circumstances of the case were, the existence of natural sexual appetite, and of a tendency to vicarious menstruation, the normal development of the external sexual characters, and the nearly full size of the vagina; all rendering it probable that, though the uterus was deficient, the ovaries were in their natural state.—*British and Foreign Medical Review, from Med. Zeitung.*

DIED,—At St. Johns, Dr. Roe—accidentally drowned. He was about settling at Montreal, as a surgeon.

Number of deaths in Boston for the week ending May 14, 49.—Males, 19; Females, 30. Stillborn, 1. Of consumption, 8—delirium tremens, 1—lung fever, 2—child-bed, 2—mortification, 1—disease of the liver, 1—debility, 1—scarlet fever, 9—erysipelas, 2—drowned, 2—smallpox, 2—inflammation of the bowels, 1—inflammation of the lungs, 3—sudden, 2—colic, 1—dropsy on the brain, 1—old age, 1—insanity, 1—dropsy on the chest, 1—tabes mesenterica, 1—croup, 2—measles, 1—pleurisy, 1—infantile, 1—typhus fever, 1.

NEW QUARTERLY JOURNAL OF MEDICINE AND SURGERY.

THE first No. of this periodical will be ready for delivery on the 1st of June. The success already ensured is sufficient to warrant its publication for one year at least, so that there need be no hesitation in sending in names and payment. The price and terms are the same as of this Journal. Contents of the first No. will be given hereafter.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, the 25th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Stephen W. Williams, M.D., of Deerfield. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend. Dinner at half past 3, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Temple, Tremont street, at 10 o'clock, A. M.

My 18—tm

GEORGE W. OTIS, JR.,
Recording Secretary.

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MASSACHUSETTS MEDICAL SOCIETY.

THE Censors of the Society and First Medical District will meet at the house of the subscriber, No. 9 Franklin street, Boston, on Thursday, the 19th of May, at 4 o'clock, P. M.

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JOHN JEFFRIES, *Secretary of Censors.*

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THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
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Al.27—tO

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

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Mh. 16—e3wly

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WEDNESDAY, MAY 25, 1842.

No. 16.

OPIUM SMOKING IN CHINA.

[THE following account of the habit of opium-smoking among the Chinese, was recently read to the Westminster Medical Society by Dr. James Johnson, to whom it was sent by G. H. Smith, Esq., of Pulo Penang.]

The great extent to which this destructive vice is carried on in this island, and in the straits and islands adjacent, together with the almost utter impossibility of relinquishing the dreadful habit, when once acquired, opens an immense source of revenue to the East India Company, who monopolize the sale of all quantities of opium under a chest, as well as that of arrack, seree, toddy, bang, &c. The annual average revenue of this monopoly, or "revenue-farms," as they are called, for ten years past, has amounted to £4822 sterling. But the quantity of opium smuggled is immense and incalculable. Benares opium is that chiefly used by the farmer for the preparation of "chandoo" (the composition smoked), on account of its weight and cheapness; but the consumers prefer the Patna opium, because it has a finer flavor, is stronger, and its effects more lasting.

The following is part of the mode of preparing the chandoo. Two balls are as much as one man can properly prepare at once. The soft inside part of the opium ball is scooped out, and the rind is boiled in soft water, and strained through a piece of calico. The liquor is evaporated in a wide vessel, and all impurities carefully skimmed off, as they rise to the surface. The same process is gone through with the soft opium extracted from the ball; and all being mixed and evaporated to the consistence of dough, it is spread out into thin plates, and when cold, it is cut into a number of long narrow slips. These are again reduced to powder, re-dissolved, again evaporated, and ultimately rolled up into balls, and a good deal resemble shoe-maker's wax. In this state it is fit for smoking, and is at least twice the strength of crude opium. The chandoo, when once smoked, does not entirely lose its powers, but is collected from the head of the pipe, and is then called "tye-chandoo," or fæcal opium, which is made into pills, and swallowed by those whose poverty prevents them from smoking the chandoo itself.

In Penang, the opium-smokers are the Chinese, the Malays and a very few of other nations, chiefly the native Portuguese. It is calculated that 10 per cent. of the Chinese, $2\frac{1}{2}$ of the Malays, and about 1 per cent. of other natives, are addicted to the vice of opium-smoking. The poorer classes smoke in the shops erected for that purpose, but the

wealthier orders smoke privately in their own houses. The practice is almost entirely confined to the male sex, a few abandoned prostitutes of the other sex partaking of the vice. A young beginner will not be able to smoke more than five or six grains of chandoo, while the old practitioners will consume two hundred and ninety grains daily!

The causes which lead to this dreadful habit among the Chinese are—first, their remarkably social and luxurious disposition. In China, every person in easy circumstances has a saloon in his house, elegantly fitted up, to receive his friends, with pipes, chandoo, &c. All are invited to smoke, and many are thus induced to commence the practice from curiosity or politeness, though few of them are ever able to discontinue the vice afterwards.

Parents are in the habit of granting this indulgence to their children, apparently to prevent them from running into other vices still more detestable, and to which the Chinese are more prone than, perhaps, any people on earth. There is another cause which leads great numbers of young men into the practice of opium-smoking—a belief, founded, it is said, on experience, that the said practice heightens and prolongs venereal pleasures. It is, however, admitted by all, that opium-smokers become impotent at a much earlier period of life than others. In painful or incurable diseases, in all kinds of mental or corporeal sufferings, in mercantile misfortunes, and in other reverses of fortune, the opium-shop is resorted to as an asylum, where, for a time at least, the unfortunate may drown the recollection of his cares and troubles in an indescribably pleasurable feeling of indifference to all around. The Malays are confident that opium-smoking inspires them with preternatural courage and bodily strength; it is, therefore, resorted to whenever any desperate act is in contemplation.

The smoking-shops are the most miserable and wretched places imaginable; they are kept open from six in the morning till ten o'clock at night, each being furnished with from four to eight bedsteads, constructed of bamboo spars, and covered with dirty mats and rattans. At the head of each there is placed a narrow wooden stool, which serves as a pillow or bolster; and in the centre of each shop there is a small lamp, which, while serving to light the pipes, diffuses a cheerless light through the gloomy abode of vice and misery. On an old table are placed a few cups and a tea-kettle, together with a jug of water, for the use of the smokers. At one side of the door the sub-farmer, or cabaret-keeper, sits, with chandoo, pipes, &c., for the accommodation of his customers. The place is filled with the smoke of the chandoo, and with a variety of other vapors, most intolerable to the olfactories of an European. The pipe is composed of a shank and a head-piece, the former made of hard and heavy wood, fourteen inches long by three inches and a half in circumference. It is bored through the centre, from the mouth-piece to the head, where there is a kind of cup to collect the "tye-chandoo."

The smokers generally go in pairs, and recline on the bedstead, with head resting on the wooden stool. The mode of proceeding is as follows: first, one of the pair takes up a piece of chandoo on the point of a short iron needle, and lighting it at the lamp, applies it to the small

aperture (resembling the touchhole of a gun), in the head of the pipe. After a few whiffs he hands the pipe to his friend, who lights another piece of chandoo at the lamp; and thus they go on alternately smoking till they have had sufficient, or until they are unable to purchase any more of the intoxicating drug. The fume is always expelled through the nose, and old stagers even draw it into their lungs before it is expired.

During this time, they are at first loquacious, and the conversation highly animated; but, as the opium takes effect, the conversation droops, and they frequently burst out into loud laughter, from the most trifling causes, or without any apparent cause at all, unless it be from the train of thoughts passing through their excited imaginations. The next phase presents a vacancy of countenance, with pallor, and shrinking of the features, so, that they resemble people convalescing from a fever. A dead silence precedes a deep sleep, which continues from half an hour to three or four hours. In this state the pulse becomes much slower, softer and smaller than before the debauch. Such is the general process almost invariably observed among the Chinese; but with the Malays it is often very different. Instead of the placidity that ushers in the profound sleep, the Malays frequently become outrageously violent and quarrelsome, and lives are occasionally lost in these frightful orgies!

The chandoo is sometimes employed for the purpose of self-destruction; but from its strong smell and taste, it is never used as poison for others. It does not appear that sudden death is ever produced by an over-dose of chandoo when used in smoking. When an inordinate quantity has been expended in this way, headache, vertigo and nausea are the effects, and are only relieved by vomiting.

When a person has once contracted the habit of opium-smoking, he finds it extremely difficult to discontinue the vice; yet there are many instances of its being conquered by resolution of mind. In such attempts it is most dangerous to approach the opium-shops, as the smell of the chandoo produces an irresistible desire to indulge once more in the pernicious habit; neither can opium-smoking be suddenly abandoned without some substitute, as the most serious or even fatal consequences would ensue. The best substitute is a tincture of the "tye-chandoo" (which is about one fourth the strength of the chandoo itself), made with lamsoo, a spirit made from rice, and taken in gradually diminished doses till the habit is broken.

By a continuance in this destructive practice, the physical constitution and the moral character of the individual are deteriorated or destroyed, especially among the lower classes, who are impelled to the commission of crimes, in order to obtain the means of indulging in their dominant vice.

The hospitals and poor-houses are chiefly filled with opium-smokers. In one that I had charge of, the inmates averaged sixty daily, five-sixths of whom were smokers of chandoo. The baneful effects of this habit on the human constitution are conspicuously displayed by stupor, forgetfulness, general deterioration of all the mental faculties, emaciation, debility, sallow complexion, lividity of lips and eyelids, languor and lacklustre of eye, appetite either destroyed or depraved, sweetmeats or sugar-

cane being the articles that are most relished. In the morning these creatures have a most wretched appearance, evincing no symptoms of being refreshed or invigorated by sleep, however profound. There is a remarkable dryness or burning in the throat, which urges them to repeat the opium-smoking. If the dose be not taken at the usual time, there is great prostration, vertigo, torpor, discharge of water from the eyes, and in some an involuntary discharge of semen, even when wide awake. If the privation be complete, a still more formidable train of phenomena take place. Coldness is felt over the whole body, with aching pains in all parts. Diarrhœa occurs—the most horrid feelings of wretchedness come on; and if the poison be withheld, death terminates the victim's existence.

It is generally remarked, as might, *a priori*, be expected, that the offspring of opium-smokers are weak, stunted, and decrepit. It does not appear, however, that the Chinese, in easy circumstances, and who have the comforts of life about them, are materially affected in respect to longevity, by the private addiction to this vice, so destructive to those who live in poverty and distress. There are many persons within the sphere of my own observation, who have attained the age of sixty, seventy, and more, and who are well known as habitual opium-smokers for more than thirty years past. It is a well-known fact, that the present emperor of China was a slave to the pernicious habit of smoking opium for many years; but that, by great moral courage and perseverance, he weaned himself from the vice, and has ever since become a most violent persecutor of those who are addicted to the indulgence. He accordingly issued edicts of severe punishment against the smoker, vender, importer, and all concerned in the traffic of opium; and, finding these ineffectual, he made the crime capital, and punished it with death. Whatever may be said in favor of the opium-traders, and against the policy or justice of the Chinese emperor, I am convinced in my own mind that the real object of his edicts was the good of his subjects, and that he hoped, however vainly, to eradicate a vice destructive alike of the health and morality of those who became its victims. But his Majesty's government acted on very different principles; namely, the most selfish, venal and mercenary. It is a notorious fact, that many, perhaps most of the officers, employed in preventing the importation and smuggling of opium, are themselves opium-eaters or opium-smokers, and consequently that they wink at the illicit trade, or take bribes of opium or dollars for the introduction of the drug. It is well known now that in several of the southern provinces of China opium is cultivated to a great extent, without any check from the local authorities, and, doubtless, without any knowledge of the emperor himself. The propensity to opium-smoking is becoming so universal and so irresistible in China, that no sumptuary laws, however sanguinary, will be able to stem the torrent. In Penang excessive duties have only increased the thirst for opium; and what is worse, they have quadrupled the number of murders and other crimes committed in order to obtain the means of procuring the drug!

Note by Dr. Johnson.—The foregoing paper has been laid before the

Society, partly because the subject is curious, and little known in this country, but chiefly for the purpose of offering one or two practical suggestions to the members.

First. I think it will be admitted that the Chinese mode of taking opium, by smoking or inhalation, induces the peculiar sedative effects of that drug more powerfully and more speedily than when taken into the stomach.

Second. There can, I believe, be little doubt, that these effects are produced chiefly, if not entirely, through the medium of the nervous system, and not by digestion, absorption, and the circulation.

Third. It does not appear that the casual or temporary smoking of opium is more dangerous or injurious to the constitution than that of swallowing the drug, whether in substance or solution. On the contrary, I believe it is less so, and not so likely to impair the functions of the stomach, liver, and bowels, as when directly applied to the digestive apparatus.

Fourth. The *habitual abuse* of a drug, by which, in fact, it is converted into a poison, is no argument or reason against its occasional exhibition as a remedial agent.

Fifth. If the above observations be admitted as rational, I see no reason why we should not employ the Chinese mode of inhaling the fumes of opium, in certain dangerous and painful maladies, where the common mode is found to be inefficient, and attended with great derangement of the digestive organs. It is clear that we can very seldom induce that profound sleep and insensibility to all mental misery and corporeal pain, by opium taken into the stomach, which we find to be produced by the inhalation of its fumes acting directly on the brain through the medium of the nerves. Might not the Chinese mode, then, be adopted in tetanus, hydrophobia, tic-douloureux (especially of the facial nerves), violent spasms, and painful diseases that defy the power of opium taken in the common way?

The various preparations of morphia might be easily smoked by means of a common pipe, and the powerful effects induced in a very short space of time, without the possibility of their being rejected by the stomach, or prevented from acting energetically on the sensorium, and throughout the whole nervous system.—*London Lancet*.

INTERESTING CASE OF A BLIND AND DEAF MUTE.

[In the tenth Annual Report of the Trustees of the Perkins Institution and Massachusetts Asylum for the Blind, Dr. Howe, the Secretary, has reported two new cases, occurring in that Institution, of blindness connected with loss of hearing and speech, with further remarks on the two previous cases of Laura Bridgman and Julia Brace. One of them we extract, and may hereafter refer more particularly to the other. The subject of this distressing affliction is a boy named Oliver Caswell.]

This lad was born November 1, 1829. He continued in health and

in the possession of his senses until he was three years and four months old. He was considered a bright boy, and could prattle as freely as any child of his age.

He was then attacked by scarlet fever and *canker-rash*; at the end of four weeks it was perceived that he could not hear, in a few weeks more his sight began to fail, and he soon became entirely blind.

He continued to articulate for some time, but with less and less distinctness, until, at the end of six months, he lost all power of articulation. He used then to feel of his own lips, and those of others, when talking, probably to ascertain whether he had them in the right position.

As soon as he recovered his health he re-commenced the process of examining everything about him, with which all children begin their acquaintance with the world. He first examined and became familiar with his chamber, then the rest of the rooms in the house, then ventured out into the yard, and in the course of a few years explored the way to the neighboring houses. He felt and smelt of everything that he could lay his hands upon. His father is a ferryman, and he often took the boy with him in his boat, which greatly pleased him. He seemed to be a bold child, and would caress dogs and cats. He has been known to call fowls around him with crumbs of bread, and suddenly to grab one of them, to feel of it, smell of it, and then let it go.

He had never seen a dead person. A horse which he had known, died, and he recognized it, and seemed much agitated; for several days he made signs about it, and lost his appetite, as his mother thinks, in consequence of his agitation.

He was present at the killing of a hog, and was made to understand the operation; also that the pork was part of the animal, but he did not object to eating it.

He was fond of teasing cats, and generally inclined to fun. He could make many of his wants understood by signs.

He was, however, ungovernable, and when thwarted in any way he became very violent, braying, striking, and kicking furiously.

Such was the account which I gathered from his parents. I first saw the boy three years ago, but could not then persuade his parents to part with him.

They finally brought him and committed him to my charge on the 30th of September last. He was then a stout, thick-set boy, rather short of stature, with light hair, fair complexion, and a most pleasant expression of countenance. He seemed perfectly docile and confiding, and his intelligent look and eager gestures proclaimed that there was intellect enough within, could one but establish the means of communication with it.

His thirst for knowledge proclaimed itself as soon as he entered the house, by his eager examination of everything he could feel or smell in his new location. For instance, treading upon the register of a furnace, he instantly stooped down, and began to feel of it, and soon discovered the way in which the upper plate moved upon the lower one; but this was not enough for him, so laying down upon his face, he applied his tongue first to one, then to the other, and seemed to discover that they were of different kinds of metal.

His signs were expressive, and the strictly natural language, laughing, crying, sighing, kissing, embracing, &c. was perfect.

Some of the analogical signs which (guided by his faculty of imitation) he had contrived, were comprehensible, such as the waving motion of his hand for the motion of a boat, the circular one for a wheel, &c.

The first object was to break up the use of these signs, and to substitute therefor the use of purely arbitrary ones.

Profiting by the experience I had gained in the other cases, I omitted several steps of the process before employed, and commenced at once with the finger language. Taking, therefore, several articles having short names, such as key, cup, mug, &c., and with Laura for an auxiliary, I sat down, and taking his hand, placed it upon one of them, and then with my own, made the letters *k e y*. He felt eagerly of my hands with both of his, and on my repeating the process, he evidently tried to imitate the motions of my fingers. In a few minutes he contrived to feel the motions of my fingers with one hand, and holding out the other he tried to imitate them, laughing most heartily when he succeeded. Laura was by, interested even to agitation, and the two presented a singular sight; her face was flushed and anxious, and her fingers twined in among ours so closely as to follow every motion, but so lightly as not to embarrass them; while Oliver stood attentive, his head a little aside, his face turned up, his left hand grasping mine, and his right held out; at every motion of my fingers his countenance betokened keen attention—there was an expression of anxiety as he tried to imitate the motions—then a smile came stealing out as he thought he could do so, and spread into a joyous laugh the moment he succeeded, and felt me pat his head, and Laura clap him heartily upon the back, and jump up and down in her joy.

He learned more than a half dozen letters in half an hour, and seemed delighted with his success, at least in gaining approbation. His attention then began to flag, and I commenced playing with him. It was evident that in all this he had merely been imitating the motions of my fingers, and placing his hand upon the key, cup, &c., as part of the process, without any perception of the relation between the sign and the object.

When he was tired with play I took him back to the table, and he was quite ready to begin again his process of imitation. He soon learned to make the letters for *key*, *pen*, *pin*; and by having the object repeatedly placed in his hand, he at last perceived the relation I wished to establish between them. This was evident because, when I made the letters *p i n*, or *p e n*, or *c u p*, he would select the article.

The perception of this relation was not accompanied by that radiant flash of intelligence, and that glow of joy which marked the delightful moment when Laura first perceived it. I then placed all the articles on the table, and going away a little distance with the children placed Oliver's fingers in the positions to spell *key*, on which Laura went and brought the article; the little fellow seemed to be much amused by this, and looked very attentive and smiling. I then caused him to make the letters *b r e a d*, and in an instant Laura went and brought him a piece; he smelled at it—put it to his lips—cocked up his head with a most knowing look—seem-

ed to reflect a moment—and then laughed outright, as much as to say, “aha! I understand now how something may be made out of this.”

It was now clear that he had the capacity and inclination to learn, that he was a proper subject for instruction, and needed only persevering attention. I therefore put him in the hands of an intelligent teacher, nothing doubting of his rapid progress.

I will not now go much into the detail of the process of teaching him words, as it is similar to that given in the case of Laura; suffice it to say, he has learned about a hundred nouns, and some adjectives, which he uses with the nouns, making a sort of compound substantive. Sometimes he uses a noun in a verbal sense, in short, uses language much as a child who is just beginning to talk.

One or two examples will show his manner of using the few words which he has learned. Coming up to his teacher he spelled upon his fingers, *Fred*, meaning that he wanted Frederick; she went with him to the room where Frederick usually sits, but he was not to be found, when Oliver spelt *Fred—Smith*, meaning that Fred. was in Smith’s room, and went there to find him. Having no explicative terms, he of course must turn his few words to every possible use, and make a noun serve for adjective, verb, adverb, preposition and conjunction.

At another time, wishing to say that he had cut his finger with a plane, he said, *cut—plane*. Of course this often causes great ambiguity, as in the following case: the carpenter had been to repair the boat, and Oliver accompanied him; returning, he said, *Bradford—break—boat*; doubtless, meaning Bradford mended a break in the boat, but he did not know the word mend. On another occasion, learning that Frederick had broken a pane of glass, he said, *Fred—window—break—glass*.

A little reflection will show any one that he can eke out his meaning just as other children do, by signs. When it was attempted to give him a name expressive of the quality of objects, a difficulty occurred immediately: he knew the names of key, door, watch, and when his teacher spelled either word, he would go to the table and select it; he knew, too, the nature of each, showing by signs that a door-key was to lock a door, a watch-key to wind a watch, yet the compound word, watch-key, gave him no idea of the thing. Nevertheless, as I said, he uses verbs and adjectives, that is, he uses signs significant of actions and qualities; he holds up a key and makes the letters *key*, that is the noun; he then makes a sign for turning the key, which sign is the verb.

We see the same process in little children; they first learn the name of an object, and for a long time use the name to express whatever idea they may have of the thing: a child will say *mamma!* *mamma!* to express the perception or knowledge of its mother, using only a noun; but if it wants its mother, it says, *mamma* (a noun), and stretches out its arms, which motion is a verb, or a sign significative of its desire. When its vocabulary is increased, it substitutes a vocal for the natural sign, and it says, *want mamma*, still stretching out its arms, because the original sign is still suggested by the thought; until by long use the word *want* becomes the most familiar sign of the idea, and then it says, *I want mamma*, and drops the original sign of stretching out its arms. Still

it is curious to observe how long the original sign will linger in the memory. On all ordinary occasions, the child uses the word *want* as a substitute for the original sign of stretching out the hands, but when it is frightened or much agitated, when its little soul yearns strongly for instant contact with its mother, it resorts immediately and spontaneously to its first sign, it stretches out its arms, and without saying *I want*, cries *mamma* !

Now it will not be until Oliver has become accustomed to use words freely as substitutes for his signs of things, that he can be expected to resort to adjectives, verbs, &c. ; in this respect, I fear he will never equal Laura, because he has not her quickness of thought, and delicacy of organization. Nevertheless, I consider his progress to the acquisition of a considerable familiarity with arbitrary language as certain, provided he can have patient and long-continued instruction.

I will give an instance of his temper, as a specimen of what would have been his conduct had he gone on without any training. Soon after the lesson which I have described above, at which I left him, so interested and so joyous, I returned and found the scene sadly changed. Master Oliver was in the sulks ; his countenance, so lately bright with joy, was now dark and lowering ; his head was drawn in between his shoulders in the attitude of caution and defiance ; and his whole appearance denoted wrath and dogged obstinacy. He had in play thrown something on the floor, and his teacher took his hand to place it upon the object, and make him pick it up ; he refused, perhaps in play ; and though his hand was on the object, would not grasp it. The teacher, thinking it necessary to conquer him, continued to hold his hand on the object, at which he seemed displeased, and at this juncture his mother joining to urge him, he flew into a passion. He had never been controlled, and his animal nature was now aroused : a colt could not start away more restive, when the saddle is first placed on his back, than did Oliver when I placed my hand on his head ; and when I repeated it, he flew at me, hands and feet, as furiously as a madman. I saw at once that without a cruel scene I could not conquer him, but resolved to accomplish what he must have perceived I intended to do, that is, caress him, and sit beside him. He resisted furiously when I attempted this, striking, kicking and scratching ; but when he saw I warded off his blows or did not mind them when they hit, and that his nails had been cut too short to pierce my skin, he quickly curled down his head and bit at my hands. He was strong and active as a young savage, but I continued to grasp and hold his wrists, and after a few convulsive efforts he desisted at a lucky moment for me, and roared out lustily ; not crying, he was too much enraged for that, but sprawling his jaws wide open, and emitting a hideous noise, partaking of a bray, a roar, and a yell. I then relaxed my grasp, and although he did not fly at me, he pushed off my hands when I attempted to pat him on the head, nor would he suffer any endearment for half an hour. I still persevered, however, and at last succeeded in kissing him ; and though he was sullen, the storm was dispelled by the odor of some cologne water with which I seduced his senses. I was very much afraid that he was not conquered, and that a painful scene would

have to be enacted the first time I could be sure that he understood my meaning and will, and refused obedience; because he must be taught to obey, or else every time his passion should be roused he would be mischievous; and when grown up might *run a muck*, which would be dangerous. I have been, however, most agreeably disappointed, for from that time to this he has been perfectly docile, and very affectionate, never in one instance meeting me without a smile and a caress.

Once, indeed, he was teased by a boy beyond his endurance, and attacked him furiously; the boy got away, and Oliver groped around till he found some one to whom he eagerly expressed his wrath, by pointing for the boy, and drawing his hand across his own windpipe, as if to say, "I'll cut his throat," putting on, at the same time, a very ferocious look. He evidently had not forgotten the lesson he had learned at the pig-slaying exhibition, which had so unwisely been explained to him.

I regret that the length to which this Report is already swelled, will not permit me to dwell longer upon this interesting boy, who has a manly, courageous temper, an amiable and affectionate heart, and a good intellect; and who will, I doubt not, become an intelligent and useful man.

COUNTER-EXTENDING BANDS IN FRACTURES.

BY REYNELL COATES, M.D., PHILADELPHIA.

THE following is a description of the counter-extending bands introduced by me many years ago, and well known to the profession in this city. They have been repeatedly described in former papers, and are of a nature to reduce the danger of excoriation of the perineum to a minimum.

Take a piece of brown Holland linen (not muslin) three and a half inches in width (for an adult), and long enough to extend from about six or seven inches above Poupart's ligament in front, around the perineum, below the tuberosity of the ischium, and thence upwards over the nates to the level of the summit of the sacrum. Double this strip in the direction of its width, and secure the edges by a firm longitudinal seam, leaving about a quarter of an inch of selvage. Then revert the linen tube thus formed, so as to throw the selvage inwards, and secure one extremity of the tube to three quarters of a yard of tape, without puckering or irregular folds. Choosing this for the anterior part of your band; determine how much of its length will probably be required to rest upon the front of the abdomen above Poupart's ligament when the apparatus is applied; fill this with bran, not tightly packed, and secure it in place by basting across the tube, until you can quilt it down firmly and flat with saddler's silk, making one of the flattened sides to correspond with the longitudinal seam. In the next place mark the probable length of that part of the band which will extend round the perineum, from Poupart's ligament fully to the tuberosity of the ischium; pick out the basting, and proceed gradually to stuff this portion of the tube with bran driven down by a round stick about an inch

thick, as firmly as possible, without endangering the bursting of the band or rendering it too inflexible for convenient application. Having accomplished this, fill the balance of the tube with unpacked bran; attach a similar piece of tape to the posterior extremity; close it and quilt it like the anterior extremity. This band presents a solid, but flexible cylinder, of one inch diameter to the perineum, with flattened extremities, bearing the weight of the pelvis or pressing upon the abdomen; it is almost perfectly inextensible throughout, and, by the flatness of the ends, the skin is effectually secured from contact with the longitudinal seam. The material is also one of the least irritating that can be employed; but, by the action of the perspiration and other accidents, the linen may become foul and the bran matted and hard. To remedy this evil, the round part of the cylinder should be inclosed in another tube, formed by lightly stitching together the edges of a strip of buckskin, face to face, without selvage; which is very easily done; and even this seam should be carefully turned from the perineum and scrotum when the tube is drawn over the cylinder. When occasion requires it, this buckskin tube may be replaced by another, without moving either the body or the limb of the patient.

The cotton and tow so frequently employed in stuffing counter-extending bands, are extremely objectionable, because they invariably become matted, irregular and knotty.

I am fully convinced that under proper attention to the hints given above, excoriation or ulceration of the perineum will never occur from the direct action of a counter-extending band, when the forces employed do not greatly exceed the necessary and warrantable amount.—*Medical Examiner.*

PES EQUINUS VARUS,

SUCCESSFULLY TREATED AT THE BOSTON ORTHOPEDIC INFIRMARY, BY JOHN B. BROWN, M.D.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in No. 14 of your Journal, a communication from the Rev. Chauncey Eddy, dated Saratoga, N. Y., giving a representation of his son's case of club-foot; and happening to have in my possession the casts of the foot referred to, I take the liberty of sending you a wood-cut of the same, to be inserted in the Journal. I will observe that when Mr. Eddy's son first came under my care, there was no motion of the ankle-joint. Such was the rigidity of the muscles, that the tibia and fibula did not move on the astragalus. Now the motion is as free as in the other foot. Mr. Eddy says, in his communication, "Now it is about twenty months," &c. It is true, that from the time his son entered the Infirmary to the date of Mr. Eddy's communication, twenty months had intervened; but it may, perhaps, be well to observe, that the lad had spent three fourths of that time at his father's residence in Saratoga, N. Y. It is unnecessary to occupy your pages by giving a minute detail of treatment. Suffice it to say, that those tendons which

restrained and kept the foot fixed in its unnatural position, were divided, and some of them more than once.

FIG. 1.

FIG. 2.



In the above cut, fig. 2 represents the foot as it was before the lad was brought to me for treatment; fig. 1 shows it as it now is.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 25, 1842.

ANNIVERSARY MEETING OF THE STATE MEDICAL SOCIETY.

Much pleasure is evidently anticipated by the members on this anniversary. All the old vexatious questions that were matters of unsatisfactory discussion on two or three of the last meetings, are happily well disposed of, and there appears to be nothing now before the Society but its legitimate business. After the election of Counsellors, &c., and listening to the address by Dr. Williams, the orator, from Deerfield, there is to be a dinner. There is hardly a sufficient apology to be made by any physician in Massachusetts for not being present, with such facilities for reaching the metropolis as now exist in the various railroads leading to the city.

Medical Charities.—Here in Massachusetts, and particularly in Boston, all kinds of societies are successfully organized for meting out temporal blessings to the unfortunate—with one single exception. No provision has yet been made for the widows and orphans of our deceased professional brethren. This is a great oversight. In other places they have not been so long neglected. It is said of physicians generally, that they are humane to everybody but themselves. They never refuse to labor or pay taxes for any benevolent object, which is calculated to promote human happiness or avert impending misfortune. One crowning act is necessary in Massachusetts: a fund must be raised, by a regular system of assessment from year to year, the interest of which should be sacredly

appropriated to the exclusive use of the widows and children of those who contributed to the object, if they ever stand in need of pecuniary assistance. Although we have repeatedly urged this topic upon the consideration of wise and controlling Fellows of the Medical Society, nothing has yet transpired to encourage a hope of action. In one instance we were told, with an air of self-complacency, by one who probably felt that his posterity were beyond the possibility of poverty, that we had *nothing to do with the poor*. All that is true: at least, we have done nothing for that class; but, nevertheless, something should be proposed, and if it could be presented to the Medical Society this morning, we are quite sure that it would be well received. In New York a special meeting was held at the Lyceum of Natural History, for the express purpose of establishing a fund. No man, however wealthy, can foresee the condition in which misfortune may place his wife and children, after his death. By a little self-denial while in health and prosperity, we can and ought to make provision for the families of our less fortunate fellow-laborers.

Perkins Asylum for the Blind.—In the 10th Annual Report, a copy of which is respectfully acknowledged, Dr. Howe has produced a remarkably interesting series of facts for all classes of readers. Whatever relates to Laura Bridgman, the poor blind, deaf and dumb girl, is both new and extraordinary. The reports can be procured at the book-stores for a mere trifle. No more welcome treat could be sent to a distant philosophical friend, since the matter is novel, strange and exciting. The Institution is one of the charities of which all New England may be honestly proud, since it confers present happiness, and opens to the understanding of the poor sightless, the glorious prospect of a hereafter.

Louisville Academy of Medicine.—It seems that an association has been formed at Louisville, Ky., for giving a complete course of medical instruction. The Academy, at present, is in an elementary condition, but presents all the usual features of a regularly-constructed school. Eight chairs are provided, embracing anatomy, physiology, pathology, obstetrics, clinical medicine, surgery, chemistry, &c., which will be sustained by a strong faculty. Some how it looks very much like the incipient stage of a rival institution to the Medical Institute. There is something a little war-like in the appearance, since Drs. *Flint* and *Bullitt* are prominent members of the board of control.

Elements of Materia Medica.—An occasional set of Dr. Pereira's *Elements of Materia Medica*, an uncommonly attractive work, is brought to this country. Whenever offered in this city, the sale has been a ready one. In England the two volumes cost £2 10s., and Mr. Ticknor says the lowest price it can be sold for here is fourteen dollars. Even at that, which is really quite a large sum for a book in these times, the owner feels that he has the worth of the money. It is the most elegant, perfect and desirable treatise on the *materia medica* extant. If any publisher could be induced to republish it in this country, it is very certain that he would find it to his advantage. We have an impression that stereotyping would be the most economical method of bringing it out. Why some of the

bold publishing houses in Philadelphia have passed over such a promising field so long, is quite unaccountable. There was an eagerness manifested in throwing off editions of the Bridgewater treatises, which was altogether a more expensive undertaking, on account of the numerous copper-plate engravings: in Dr. Pereira's inimitable compendium of all that is worth knowing in one of the great departments of medical knowledge, all the illustrations may be executed on wood. We are not without a hope of seeing an American edition in the course of the summer—since the profit would probably be a generous one, even when sold at half the London price.

Treatment of Hernia.—Dr. Henry G. Clark, residing in Hanover street, in this city, has been induced to turn his attention to a branch of the profession which was very successfully conducted by the late lamented Dr. Leach, who resided in the same street. Those who were in the habit of consulting that gentleman in regard to the surgical treatment of hernia, may with equal confidence solicit the advice of Dr. Clark. We shall be gratified to hear that he is well sustained by an intelligent public.

Pessaries.—Notwithstanding the supposed improvement made in pessaries within the last few years, the kind invented by Dr. Brewer, constructed with a silver tube in the centre of a box-wood disk, has successfully outlived the most of them. Although very many have been manufactured already, the proprietor is about contracting for one thousand more, of superior workmanship. They can be procured at the well-known establishment of Messrs. Brewer, Stevens & Cushing, Washington street.

Inguinal Trusses.—Mr. Phelps, the ingenious surgical-instrument maker, Court street, believes that he has devised a truss that is altogether superior to every contrivance before known to the public. Not being sufficiently familiar with the principle of its action, or its mechanism, to describe the apparatus intelligibly, those who are interested in the progress of this division of the arts, are recommended to call at Mr. Phelps's and examine for themselves. In point of delicate finish, no man in Boston understands giving to brass, iron or steel, a higher degree of polish, a better spring, or a keener edge, than our diligent neighbor, the artist above mentioned.

Debility, producing Amaurosis, from the excessive employment of Tobacco.—Lieutenant * * *, a young officer of dragoons, applied to me in consequence of a decidedly amaurotic affection. His sight was so imperfect that he could not perceive small objects even when near him. He informed me he had been in this state nearly three months, and that he was daily getting worse. The disease was attended with great debility and emaciation. He was, he said, unable to account for its origin; but on further inquiry, I discovered that he was in the habit of smoking cigars and tobacco to such an excess, that he had brought on a spitting almost amounting to ptyalism: he was what is called an amateur, and to support his pretensions to this enviable distinction, used frequently to begin smoking soon after breakfast, and continue this peniculous custom during half

the day without intermission. With much persuasion, I prevailed on him to leave off this silly modern accomplishment; though I had great difficulty in convincing him that this was the true cause of his disease. He, however, did abandon it; and, by so doing, and taking a little tonic medicine, his sight is now perfectly restored, and his health regained.—*Curtis's Treatise on the Eye.*

Medical Miscellany.—Dr. J. Kearney Rodgers, surgeon of the New York Hospital, has opened a private surgical retreat in that city.—Dr. Dunbar has resigned the chair of surgery and surgical anatomy in the Washington University, at Baltimore—and also retired from the hospital, with which he was connected. Dr. Baxley has been appointed his successor in the College.—Among the gentlemen invited by the Secretary of War to visit the West Point Military School, on the first Monday in June, are Dr. Churchill J. Blackburn, of Kentucky; Dr. Benjamin W. Maclin, of Alabama, and Dr. Frederick Hall, of Washington, D. C.—There will be an adjourned meeting of the Alleghany County Medical Society, N. Y., on Tuesday, June 14th, to take into consideration the propriety of adopting a code of by-laws, and of imposing a tax on the physicians of the County.—Dr. J. A. Allen, an eminent physician of Middlebury, Vt., has published an instructive article in the paper called the *Topaz*, on the *epidemic erysipelatos fever* that occurred in that town in 1825-6 and in 1841-2, which should have been in a medical journal, to have met the eye of practitioners. It is a great mistake to write a professional essay for a newspaper, which is rarely seen by those for whom it is designed.—The Centreville (Ill.) Record says—in an advertisement—that the grave of Dr. S. G. Crawford will be opened to satisfy those “who will not believe he is dead.”—Bunge Thompson died on the 8th, in North Carolina, in consequence of the bite of a rattlesnake, twenty-four hours after receiving the wound just above the ankle.—A young physician, in Rome, is said to have discovered the means of petrefying dead bodies or parts of them, without changing their color materially. The process is effected readily in a few days. He has exhibited birds, fishes, flowers and human heads, beautifully changed to stone. This seems to be the art which was lost by the sudden death of Dr. Segato, of Florence, about four years ago.

MARRIED.—In Loudon, N. H., May 12th, by Rev. John Le Bosque, N. Quincy Tirrell, M.D., of Sutton, Mass., to Miss Susan Jane French, of the former place.—In Providence, R. I., J. B. Chapin, M.D., to Miss L. Valne.—In New York, Dr. Thos. F. Cock, to Miss Anna A. Wood.—At Nantucket, Mass., Dr. Henry Russell, to Miss Mary Mitchell.—At Quebec, Dr. J. R. Williams, surgeon of the 29th Regiment, just ordered to India, to Miss Jarvis, of that city.

DIED.—At Philadelphia, Dr. G. Platz, aged 33.—At Sutton, Mass., Dr. Artemas Bullard, 73—killed by falling from a barn scaffold.

Number of deaths in Boston for the week ending May 21, 48.—Males, 28; Females, 20. Stillborn, 3. Of consumption, 4—old age, 3—dropsy in the head, 2—infantile, 6—fits, 3—scarlet fever, 12—disease of the heart, 1—typhus fever, 1—throat distemper, 2—erysipelas, 3—debility, 2—tabes ascara, 1—inflammation of the bowels, 1—inflammation of the brain, 1—palsy, 1—bowel complaint, 1—teething, 1—lung fever, 1.

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1848.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

MASSACHUSETTS MEDICAL SOCIETY.

THE Annual Meeting of the Massachusetts Medical Society will be held at the Temple, Tremont street, on Wednesday, the 25th inst., at 10 o'clock, A. M. The annual discourse will be delivered at 1 o'clock, by Stephen W. Williams, M.D., of Deerfield. Literary gentlemen interested in medical science, and students in medicine, are respectfully invited to attend. Dinner at half past 3, at the United States Hotel, opposite the Boston and Worcester Rail-road Depot.

A stated meeting of the Counsellors will be held on the day following, at the Society's room, Temple, Tremont street, at 10 o'clock, A. M.

GEORGE W. OTIS, JR.,
Recording Secretary.

My 18—tm

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

SUMMER COURSE OF LECTURES,

AT THE MARINE HOSPITAL, QUEBEC.

THE situation of Quebec—the great amount of shipping which its harbor contains during the summer season—the number of emigrants, seamen and strangers, which during that season increase its population—the many and various diseases and accidents admitted into the hospital (amounting during the last year to nearly 1,500 patients), are some of the advantages which render that city a most eligible place for the establishment of a school of medicine and surgery.

To enable the medical student to derive the greatest possible advantage from this extended field of observation, the undersigned have resolved, during the ensuing summer, to give a course of Lectures on the following branches:—

Surgery and Surgical Anatomy, by JAS. DOUGLAS, M.R.C.
Midwifery and Diseases of Women and Children, by DR. PAINCHAUD.
Practice of Physic, by JAS. SEWELL, M.D.
Medical Jurisprudence and Pharmaceutical Chemistry, by J. RACY, M.D.

The course will commence on the first Monday in May, and terminate on the first Saturday in October.

In connection with the above, a full course of Anatomy will be given during the winter months.

Ap. 13—4t

J. DOUGLAS, M.R.C.
JOS. PAINCHAUD, M.D.
JAN. A. SEWELL, M.R.C.E.
JNO. RACY, M.D.E.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

ABDOMINAL SUPPORTERS.

DR. HAYNES's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only \$4—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated.

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch, Jr., Providence, R. I.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—s

D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JUNE 1, 1842.

No. 17.

CLINICAL LECTURE ON POISONING BY OXALIC ACID.

BY R. B. TODD, M.D., PROFESSOR OF ANATOMY IN KING'S COLLEGE, LONDON.

WHEN a large dose of this acid has been taken, or when it has been taken in a concentrated form, the symptoms set in quickly. In animals thus poisoned the symptoms are, exquisite abdominal pain, expressed by cries and struggling, soon succeeded by violent efforts to vomit, then by languor and debility, and death without convulsion occurs in from two to twenty minutes.

When much diluted the poison seems to act on the nervous system. In large doses it paralyzes the heart; in a less dose the animal is seized with tetanic convulsions, affecting the muscles of the chest and preventing their free action, and causing suffocation. When the dose is still less, the spasms are slight or altogether wanting, and the animal dies under symptoms of narcotism.

In man, death often comes on in a few minutes when a concentrated dose has been taken. If the poison have been diluted, the symptoms are, a burning pain in the stomach and sometimes in the throat; the pain is generally followed by vomiting. If life be prolonged there is violent irritation of the bowels, as evinced by pain and frequent inclination to go to stool, with bloody evacuations. The circulation is much depressed; the pulse fails, is very feeble; and the skin is cold and clammy. After some time there are weakness and lassitude of the limbs, followed by numbness. In a case recorded by Dr. Arrqwsmith, an eruption of the skin, in circular patches of a deep red tint, perhaps erythema, came out, and the leeches which were applied to the stomach died almost immediately after they had bitten.

Such are the symptoms as detailed by Christison. Our patient, a strong young woman, was reported to have taken the poison about half past one. She was brought here about three, P. M. She went to a chemist's and asked for arsenic to clean boot-tops, but was told that that drug was not used for this purpose, but that oxalic acid was. She was given a paper labelled "*poison*," and the quantity was stated to be about the same as is usually sold for a dose of salts (a pennyworth). This, we are told, she swallowed, but not entirely; she took it in beer. No more was known respecting the act to those who accompanied her to the Hospital. They informed us that the cause of her committing this rash deed was a dispute with her mistress, but on further inquiry it appears that Cupid had a finger in the pie. The only symptom under

which she seemed to suffer was pain, yet evidently not exquisite. There was no failure of the pulse or the strength. We could not learn that she had vomited; there was no redness of the tongue or irritation of the fauces.

Notwithstanding the absence of the ordinary signs, I felt it my duty to act as if I were certain the poison had been taken. The ready antidote to the poison is lime, given as lime-water or chalk mixture. These were at hand, and I had her, therefore, well drenched with them, especially with the latter. I felt even that it was better to introduce these agents into her stomach at once, and to make a harmless oxalate of lime, than lose time in waiting for the effects of emetics to evacuate the stomach.

Some of you seemed disappointed that I did not use the stomach-pump. My reasons for this were—first, because the patient made no difficulty about swallowing, consequently the fluids we should have introduced by the stomach-pump were taken in much more easily and quickly, and without violence. Second, the great value of the stomach-pump is to pump *in*, not to pump *out*; and however it may be necessary in some instances to apply it to the latter purpose, it was not required in this, the neutralization of the acid being our great object. In pumping out there is danger of irritating the coats of the stomach, or sucking them into the tube, and as oxalic acid is an extremely irritant poison, I felt that this risk ought to be avoided. At a little before five o'clock the patient seemed composed; pulse 90, and stomach soft, but somewhat painful on pressure. She seemed sulky and reluctant to answer. She had been liberally dosed with chalk mixture. I prescribed half a drachm of sulphate of zinc, an emetic, and after its operation directed the chalk to be resumed. If signs of stomach or bowel irritation manifested themselves, leeches and fomentations were to be applied.

You have seen the patient to-day; she is now free from pain or fever, but she is reported to have suffered severe griping pain in the night, which, indeed, is almost the only symptom she has had.

It must be evident to you, from what I have told you of the ordinary symptoms of oxalic acid poisoning, that this patient took but a small portion of the drug, and that not in a concentrated form. This case has not, therefore, afforded you a fair specimen of the more striking effects of this poison, but it has given you an opportunity of observing the course of treatment which ought to be pursued in all cases of this kind, real or suspected, and therefore it has not been devoid of considerable practical utility. The too frequent occurrence of such cases cannot fail forcibly to impress upon us the lamentable want of some legislative enactment to prevent the indiscriminate sale of poisonous drugs. A fearful responsibility rests upon the venders of such articles, and it would seem that some stringent law upon this subject is as much to be desired for their protection as for that of others of the public.—*London Lancet.*

EXCISION OF A LARGE TUMOR UPON THE NECK.

BY R. D. MUSSEY, M.D., PROFESSOR OF SURGERY IN THE MEDICAL COLLEGE OF OHIO.

IN December, 1841, I was consulted by Mr. Jas. C. M'Dowell, æt. 34, of Mt. Carmel, Wabash Co., Illinois, on account of a large tumor on the right side of the neck, and received from him the following account of it.

The tumor commenced eighteen years ago, in the form of a lump, below the tip of the ear, of the size of a hazelnut, which was painful, and which on that account was thought to be mumps. The pain subsided in a few days, but the swelling and hardness remained. From that time the progress of the tumor was slow, and almost always without pain, till within the last eighteen months, during which time he had experienced a great deal of pain in the ear and on the side of the face. In 1828, between five and six years after the first appearance of the disease, and when the tumor was about the size of a hen's egg, he came to Cincinnati and took advice from the Professor of Surgery in the Medical College of Ohio, who declined operating, saying, "that the carotid artery must first be tied, or the extraction of the tumor would prove fatal in a few minutes; and besides, the right side of the face would be palsied by the division of an important nerve," &c.

The tumor presented, at the time above mentioned, viz., December, 1841, the following appearances: It was nearly hemispherical in form, with some tuberosities, extending from the lower part of the concha of the ear, which it crowded a little upward, to within an inch and three quarters of the clavicle, and antero-posteriorly from the anterior border of the cervical portion of the trapezius, to within two inches of the median line upon the chin, covering part of the larynx and trachea, and a large portion of the lower jaw. A line stretched from the anterior to the posterior edge of the base of the tumor, over its apex or pole, measured ten inches; and its circumference at the base was seventeen inches. The sterno-cleido-mastoid muscle was put in a state of tension upon the back part of the tumor, and seemed adherent to it. This large mass possessed a good degree of solidity, had no uncommon sensibility to the touch, could be made to glide slightly in the antero-posterior direction, showing that it did not involve the deep and large vessels, and most important nerves of the neck: the integument covering it was healthy looking.

I decided upon the practicability of its removal, and put the patient upon a farinaceous diet, with water only for his drink; and on the 11th of January, 1842, in the presence of several professional gentlemen, and a few friends of the patient, proceeded to the operation. The integuments and platysma were divided by a vertical and horizontal incision crossing each other at right angles upon the pole of the tumor; the flaps were carefully raised, and the mass slowly disengaged from the condensed cellular bands which shot from the neighboring parts, and from the mastoid muscle, a portion of the attenuated edge of which was removed. Some difficulty was found and a good deal of pain produced in detaching it from the infra auricular and infra maxillary tissues, but no

important bloodvessel was wounded or muscle mutilated, except the mastoid: nor nerve injured, except a descending branch of the facial, by which a slight displacement was given to the integuments of the chin. The angle of the mouth kept its natural position. There was less than a pint of blood lost, and the patient, though somewhat faint for a short time during the operation, causing a little delay, had so far rallied as to be comfortable during the application of the dressings, and after he was carried to his bed. The following night he was restless and had considerable pain with irritative fever, which were soothed by an anodyne dose with spiritus mindereri.

After the first night Mr. M'Dowell was comfortable—the wound healed kindly, and in four weeks he left the city to visit his friends. Within the last few days we learn by a gentleman directly from his residence, that he is in sound health and good spirits.

For the purpose of safely extracting large tumors from the neck, it can rarely be necessary to ligate the carotid artery as a preparatory step. By carrying the dissection close to the morbid growth but little risk is incurred, unless in the fungoid growths, which sometimes completely encircle large vessels and important nerves; and with these there is but little encouragement for an operation.

The slow progress of the tumor, together with its solidity and freedom from irritation, served to mark it as a morbid structure of mild character; and yet from the frequent and strong pains induced by mechanical tension of sentient nerves in its neighborhood during the last year and a half, it might ultimately have kindled up an action, the result of which would be obstinate or incurable ulceration; but, as it is, the operation will almost certainly be followed by entire exemption from the disease.

The superficial portion of the parotid gland was not to be observed distinct from the tumor; indeed there was no obvious trace of any part of it remaining. Like most tumors of slow growth, occupying the site of the parotid, it commenced, in all probability, in a lymphatic gland, and by pressure during its progressive and protracted enlargement, it had caused an entire absorption of so much of the parotid as came in its way.—*Western Lancet*.

CASE OF HYDROPHOBIA.

BY JOHN HARRISON, M.D., PROFESSOR IN THE MEDICAL COLLEGE OF OHIO.

DECEMBER 24th, 1841.—Patrick Brown aged 40, a laboring man, addicted to the excessive use of ardent spirits, was brought into the Commercial Hospital of Cincinnati to-day. The day before his admission he was seen by myself at the request of Dr. Bonner. When visited decided symptoms of hydrophobia were present. Great dread of water, restlessness, insomnia the night preceding, and a wild haggard look, with rapid pulse, were the predominant symptoms. Three weeks ago he had been bitten on the hand by a young dog, which was immediately killed.

The wound healed kindly, and he suffered no inconvenience whatever from the bite. Two days before the appearance of any distress of the system, he had joined the Temperance Society. The following account of the phenomena exhibited by the disease, we copy from the Hospital Record Book.

December 24.—Patient is in a great nervous excitement, pulse rapid and weak, countenance haggard, eyes sunk and staring, he talks constantly and very fast, appears to be rational, foams from the mouth, by attempting to swallow he is taken with cramp about the pharynx; cold air seems to have a similar effect—blindfolding likewise; he swallowed about a drachm of water with difficulty. Ten grains of the powdered root of belladonna were administered at noon. After which he refused to take medicine; seems frightened, and under an impression that some persons are going to shoot him, or blow him up; does not dread the aspect of water, nor the touch of it; he puts his hand into water and washes his forehead and face, and allows his face to be washed. Cold air has no effect on him.

Evening. Patient has been raving mad the whole afternoon; frothy, sticky saliva running from his mouth; the whole body covered with a cold, clammy sweat; has kept a brickbat in his hand, for fear that persons were going to kill him, until he was overpowered and his hands secured; the idea of being destined to be shot or blown up is predominant with him, occupies his imagination and excites him. Injections of assafoetida are given, and he is made to swallow belladonna rad. pulv., gr. x. He is more quiet now; tongue covered with white fur; has had a yellow fluid stool; fear prevailing yet.

25.—Patient has been awake the whole night, walking in his room until 2 o'clock, A. M.; then he became noisy again, kicked against the door, asked for water, and took two good swallows without cramps; afterwards he had to make some exertions again, to settle his stomach, as he said, before he could swallow. No symptoms of hydrophobia; sees and feels water; is not raving, but the fear of being killed predominant. Assafoetida injections were again given, and tinct. valerian and laudanum prescribed, but he would not take it; asked for whiskey. In the afternoon he became more exhausted, and laid down on his bed; he was washed with warm brandy, and wrapped in hot blankets. He continued to refuse taking anything, brandy as well as other liquids. Died at 8 P. M., 26th. Post-mortem examination was not permitted by his wife. This morning it was found that blood and some yellow matter had run out of his nose."

The above interesting, and, I may add, perplexing case, affords illustrations of the ambiguity which still rests on the whole nature and peculiar symptomatology of hydrophobia, or rabies canina. Several points are well established in the brief history and rapidly fatal issue of Brown's malady, whatever designation it may receive. First, that he was bitten by a dog; second, that the wound healed up with no severity of local irritation; third, that when first seen by myself, with Dr. Bonner, his attending physician, the symptoms bore a very close resemblance to those characteristic of hydrophobia; and fourth, the quick termination of the

attack in death proved its exceeding violence. On the other hand, his sudden abandonment of his accustomed stimulus, with the facility in the course of the disease with which he allowed water to come in contact with his skin, and with which he drank it, would, on the first view of the case, seem to demonstrate that it partook more of delirium tremens than rabies canina. There was a general concurrence of opinion on the part of all the medical gentlemen who visited him, at his own house, and on the first day of his admission into the Hospital, that it was a decided exemplification of hydrophobic disease. The best authorities assure us that the dread of water is not to be considered the pathognomonic symptom of this terrific malady, but that the entire group or concourse of phenomena must be taken into consideration, in order to form a just estimate or *rationale* of the nature of the attack.

We perceive no grounds to doubt but what a modification may have been impressed on the character of the case by the previous habits of the patient. It has often happened that the irritation induced by the contact of the hydrophobic virus has remained latent in the system till some exciting cause, of a perturbing kind, has thrown the nervous function into a violent state of action. And the same remark applies to tetanus, between which and rabies there exists one prominent point of resemblance, as far as their pathology is concerned.

The local irritation produced by a wound in the foot or hand has remained latent for days, and even weeks, till the patient has been exposed to a damp, cold atmosphere, or has committed some impropriety in diet, and then the tetanic symptoms have made their appearance. As no poisonous matter is concerned in the production of the constitutional irritation, termed tetanus, so we analogically infer that no virus is absorbed and veritably present in the blood, subsequent to the infliction of the wound, and the inoculation of it with the peculiar secretion from the mouth of the mad dog. Spontaneous attacks of hydrophobia have, it is stated, occurred in the human subject, but of the truth of this we have our doubts. That the dread of water is sometimes present in hysterical attacks there is no just room to question, but such a phenomenon is found in such cases to be accompanied with other manifestations of the true pathological condition of the system, as at once to deprive the symptoms of all its alarming features.

The excision of the bitten part is the only expedient that any skilful physician will rely on; and as respects the method of cure, after decided symptoms of the disease have arisen, thus far the profession have only to lament the imbecility which besets all the measures (and they have been almost as multiplied as the drops of the morning dew) that have been tried.—*Ibid.*

CASE OF COMPOUND COMMUNUTED FRACTURE OF THE JAW.—
USE OF WIRE LIGATURE. TREATED BY A. B. SHIPMAN, M.D.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I am authorized to report the following case, which I send to you for publication, if you think it worthy.

August 30th, 1841, Mr. Ryan, of Virgil, Cortland Co., N. Y., æt. about 25, was at work with a threshing machine. He was standing near the hopper, when, some of the gearing becoming deranged, the cylinder burst, and, together with its appendages, was shattered in pieces and hurled in every direction, throwing him violently the distance of several feet from where he was standing, and burying him in the fragments of the machinery. He was immediately extricated, and conveyed insensible to his house, a few rods distant. A messenger was immediately despatched for a surgeon, Dr. A. B. Shipman, of this town. I saw the patient in company with Dr. S., but not until five hours after the accident, as it was several miles distant. Found him in great suffering, and presenting a truly pitiable spectacle. His head and face shockingly contused and very much swollen; a compound fracture of the lower jaw; a punctured wound under the chin, extending through the integuments and sub-lingual tissues; a severe contusion in the posterior cervical region, and a laceration upon the right cheek, exposing the os malar; ecchymosis of the eye; pupils dilated, and other symptoms of concussion. Though there was much swelling of the parts, the nature and extent of the fracture was readily ascertained. The inferior maxillary bone was fractured upon the right side, between the last two molars, also upon the same side between the dentes cuspidatus and lateral incisor, and upon the left between the cuspidatus and bicuspid. The fractures were nearly transverse. The anterior fragment was drawn very much downward and backward by the digastricus and other maxillary muscles acting as depressors, but the right lateral fragment was retained in its natural position by the levators. The extensive injury of the soft parts at this time was thought an objection to the application of paste-board and bandages according to the usual method. After determining upon the proper mode of treatment, apparatus being prepared, the depressed fragment was brought in apposition with the portions which retained their normal position. The teeth contiguous to the fracture being firm, a small wire was passed around those adjoining and fastened so as to retain the fragments in apposition. These were applied upon both sides, and a bit of lint introduced to prevent the irritation of the wires. The wounds were then dressed with adhesive plasters; a small compress applied under the chin, and retained by a bandage passing over the head and drawn moderately tight so as to support the lower jaw and keep it applied to the upper. A cathartic was administered, and the patient, comparatively comfortable, was left in the care of the nurse, with directions to apply lotions of spirits and water occasionally to the contused wound, and give such food as could be taken without much difficulty. On the following day considerable re-action came up; throbbing pain in the head; pulse quick and violent, and considerable constitutional disturbance. Patient has not much recollection of what transpired on the preceding day. Bloodletting to a moderate extent, and a gentle cathartic was made use of. From this time no unpleasant symptoms arose. The ligatures were removed in about four weeks. The cure progressed kindly and rapidly, and at the end of six weeks was complete, leaving no deformity.

Remarks.—In this case the fracture was apparently the result of a blow upon the anterior of the jaw to the right of the symphysis, by one of the iron teeth from the cylinder of the machine. The extensive injury about the jaw rendered the application of pasteboards, &c., at the time impracticable; and yet something was requisite to preserve the fragments in coaptation. The ligature was therefore obviously indicated; and I think the wire preferable to the silk ligature, as it may be made more effectually to prevent all motion of the fragments.

Cortlandville, N. Y., May 20th, 1842.

H. O. JEWETT.

THE FRIENDS' ASYLUM FOR THE INSANE.

[FROM the twenty-fifth annual report of the Friends' Asylum, located near Philadelphia, and under the care of Dr. Charles Evans as Attending Physician and Dr. Pliny Earle as Resident Physician, we gather the following particulars respecting the success of the Asylum during the past year, with the general remarks attached.]

The whole number of patients under care during the year, ending on the 1st instant, has been 97; of whom 39 have been admitted, and 36 discharged; 3 have died; 13 were restored—4 much improved—10 improved—and 9 without improvement. Of the patients remaining in the Asylum, 1 is restored—6 much improved—3 improved—and 48 without improvement. The average number during the year is 54 and 10-12; being less than reported last year, and a larger number of old chronic cases.

The proportion of cures in the 635 patients who have been admitted to the institution is 41.41 in every hundred: but if we deduct the 68 cases which, at the time of admission, had been deranged more than 10 years, and which included 24 who either were idiots, or had been imbecile from puberty; 7 cases complicated with epilepsy, and 6 which entered the Institution with the paralysis peculiar to the insane, it leaves 554 cases, properly subject to treatment, and the cures are in the proportion of 47.47 in every hundred.

The per centage of cures in cases of less than a year's duration, taking the whole 25 years, is 57.10. Within the last 10 years, it has been much greater. Nearly all of this class discharged as "much improved," were almost well; but either pecuniary considerations or the anxiety of their friends, occasioned their removal as soon as the disease was so far overcome as to render their restoration probable; and in many instances, information was afterwards received of their perfect recovery.

During the last few years, increased attention has been given to the statistics, or the results of treatment, in the various institutions devoted to the insane. This increased desire for more extended information had elicited additional data, so that during the last year, a table of the statistics of twenty-seven asylums, giving the results of treatment of 51,325 patients, was compiled by the Resident Physician, and published in Philadelphia. This is the most comprehensive table of the kind ever printed

in this country; but by information more recently received, from both this country and Europe, we have now before us the statistics of 58 asylums, presenting an aggregate of more than 108,000 patients. Of these asylums, 14 are in the United States; 16 in England; 5 in Scotland; 12 in Ireland; 4 in France; 2 in Holland; 3 in Italy; and 2 in Germany.

The average of cures upon the whole number of admissions, in 8 English "Voluntary or Endowed Benevolent Institutions," is 44.87 per cent.; and that of 8 pauper asylums of the same country, is 37.35 per cent. Among the latter, however, in those of Wakefield and Gloucester, the average is more than 44; and in those of Nottingham and Stafford, more than 43 per cent. The average in 11 Irish asylums is 45.91; and in 5 Scotch asylums, 45.09 per cent.

In the Congressional bill authorizing the census of 1840, it was ordered that returns should be made of the idiotic and the insane, in the several States which constitute the Union. This requisition was partially fulfilled; and by the returns it appears, that in the United States there are, of idiotic and insane whites, 14,518; of whom 4,339 are supported at the public expense; and of colored people, 2,926, of whom 833 are supported in a similar manner.

There are several circumstances which must operate as preventives to a *complete* return of all persons laboring under either congenital idiocy, or an attack of mental alienation. Dr. Brigham, of the Hartford Retreat, remarks that he "knows" the returns from Connecticut are "considerably less than the actual number;" and furthermore, that "in the State of New York, according to the late census, there are but 739 supported at the public charge; while, according to the late returns of the superintendents of the poor of the State, there are 1058." We fully coincide with this writer in the opinion, that the returns from the several States "do not exhibit more than two thirds of the actual number." It appears that the proportion of insane to the whole population is much greater in the long-settled States bordering upon the Atlantic, than in those which have more recently been peopled, west of the Alleghany mountains.

The increased and still increasing interest in the welfare of the insane, cannot fail to awaken grateful emotions in every philanthropic mind. If there be any class of our fellow beings who, in a paramount degree, should obtain the sympathy and the benevolent exertions of every lover of his race, it is, unquestionably, the insane. They claim this pre-eminence in the attention of the philanthropist, not less from the unnecessary misery, wretchedness and tortures to which they have heretofore been, and in some place, still are subjected, than from the helpless and sorrowful condition to which a large portion of them are reduced by the very nature of their disease.

Of the eighteen asylums, exclusively for the insane, in actual operation, at the present time, in the United States, that which is under your supervision was established at an earlier period than any other, with the single exception of the one at Williamsburg, Virginia. A quarter of a century has elapsed since the Friends' Asylum was opened for the recep-

tion of patients. During that period, the population of the country, and with it, the number of the insane, has been greatly augmented: that revolution which had then just commenced, in the management of those who are suffering under mental alienation, has been completed; the law of true kindness, and correct principles of physical and moral treatment, have superseded the employment of excessive corporeal restraint, coercion and punishment; with increased resources by the means of which to prosecute a practical benevolence, that true philanthropy which recognizes every fellow being as a brother or a sister, has brought into existence numerous institutions, in which the poor, as well as the rich, are made partakers of the comforts of life, and furnished with every means which may contribute to the restoration of health.

In the improvements of asylums corresponding with this general progress, it is believed that the one under your care has, in a good measure, kept pace with those which have more recently been established. There are few institutions of the kind, in which the facilities for an enlightened moral treatment are superior, if equal, to those of the Asylum near Frankford.

The garden, park, woods and fields in summer, the carpenter's and the basket maker's shop and a course of lectures on chemistry in winter; the library, circular rail-road and horses and carriage, at all seasons of the year, afford adequate means for occupation, recreation and amusement. In warm weather so general is the resort to these, that during the past season it was not an unusual occurrence for twenty-five of the thirty men patients, to be entirely away from the Asylum building, distributed in the fields, at the library and elsewhere. Manual employment still proves, as heretofore, the most effectual of the "moral means," for the promotion of a cure in the curable, and in making those more comfortable and contented, in whom the disease appears to have become permanently established. But, while this pre-eminence is accorded to useful labor, we cannot entirely overlook the evident utility of recreation and innocent amusement. During the past season, a patient laboring under the delusions of the most abject melancholy, was admitted into the Asylum. In his opinion all mankind had been brought to "ruin and destruction," by the acts of himself alone. To him, the smoke ascending from a chimney indicated the commencement of a general conflagration of the universe; a conflagration imposed upon all created things, in retribution for the sins which he had committed. By long persuasion, he was induced to assist in raking leaves in the grove; but to his mind he gathered them for no good purpose. They were the funeral pile upon which he was to be immolated.

The first smile which was won from this unfortunate patient, appeared while he was playing at ball, a game in which he had been induced to engage, after repeated and prolonged entreaty. From that time his progress to recovery was constant and unusually rapid.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 1, 1842.

MEDICAL ANNIVERSARY.

At the usual hour, on Wednesday last, the members of the Massachusetts Medical Society convened in this city at the Masonic Temple. As the transactions of the day will appear in the proper order of time in the Society's printed report, it is unnecessary to anticipate its official details. Dr. John Starkweather was expelled. Late in the afternoon the Fellows dined in the great hall of the United States Hotel, on a strictly temperance dinner—not a drop of wine appearing from beginning to the end of the feast. It will doubtless be hailed as a good omen, that the physicians of Massachusetts, in a body, have thus presented an example of temperance which is worth imitating by those who are influenced by medical opinions.

On Thursday, May 26th, the newly elected Counsellors convened at their rooms in the Temple, at 10 o'clock in the morning. Not having procured the names of the Counsellors in the different medical districts, those belonging to Suffolk alone are given to-day. They are as follows : Drs. J. Jackson, G. C. Shattuck, J. Bigelow, E. Hale, S. D. Townsend, J. Ware, Z. B. Adams, J. Jeffries, G. W. Otis, Jr., J. Morrill, W. Lewis, Jr., D. H. Storer, J. Flint, J. D. Fisher, C. G. Putnam, J. Homans, W. Strong, C. T. Hildreth, and J. V. C. Smith. Dr. Wyman, President of the Society, declining to be a candidate for re-election, on the first ballot Dr. Jacob Bigelow, of Boston, was chosen, and Dr. Robert Thaxter, of Dorchester, was chosen *Vice President*. Dr. S. D. Townsend, *Corresponding Secretary*. Dr. S. Morrill, *Recording Secretary*. Dr. W. Strong, *Treasurer*. Dr. W. Lewis, Jr., *Librarian*. Drs. J. Jeffries, Z. B. Adams, A. Hooker, W. Lewis, Jr., and G. W. Otis, Jr., *Censors at large, and for the First Medical District*.

A *Medical History* of the County of Franklin was the title of the discourse by Dr. Williams on Wednesday, which will also appear in the regular course of the Society's publications.

Brodie on the Joints.—The present season, this work, from the press of Mr. Marvin, in Congress street, was distributed to the Fellows of the Medical Society. It makes the twelfth consecutive volume of the Library of Practical Medicine, published by order of the Massachusetts Medical Society, for the members. So well and extensively known are the productions of Sir Benjamin Brodie, that any comments on his treatise upon the Diseases of the Joints would be quite superfluous. It would not be amiss, however, to remark that the value of this American edition is enhanced by the fact that the title-page announces it to have alterations and additions.

New England Quarterly Journal.—Although the regular time for the first number of this publication is the first of July, by a spirited effort on

the part of its conductors, it appeared last Wednesday. This number is highly creditable to the good taste, industry and judgment of the editors. There is not an original article in it that will not be prized by medical readers, and gain much abroad for the scientific character of the writers. It would not be exactly fair to copy, as it might prevent some from patronizing the work, if they could get the pith and marrow through some other channel. Gentlemen of sound discretion, whose opinions have weight in the medical community, unhesitatingly say that a Journal of this kind is wanted. If it is not sustained, since its advent is made under very propitious circumstances, it will be a reproach to the profession of New England. In the first place, it is cheap—three dollars, only, a year; the originality, also, of the papers, and the high sources from which they emanate, must command the respect of all who have any acquaintance with the standing of the authors. With such efforts as are contemplated, we hope for the long life, prosperity and commanding influence of the New England Journal of Medicine and Surgery.

Western Lancet.—*Lancet* is becoming a favorite name for a medical journal. There are now two in the United States, one in London, and one in France—and perhaps more. The youngest of the whole was issued at Cincinnati, the first of May, under the editorial control of Leonidas Moreau Lawson, M.D., in an octavo form of forty-eight pages, to appear hereafter monthly—price \$3 per annum. Several journals have been launched at the West within less than twenty years, but they were suffered to languish and finally die, for a want of that encouragement for which no other interest was ever known to go a begging in the enterprising city and neighborhood of Cincinnati. If Dr. Lawson does not succeed, no one can, as it must then be evident that a general apathy towards home talent and industry predominates where there should be patronage, scientific effort and unceasing ambition to sustain a medical press. Perhaps we are, to some extent, selfish in all this, since we are, in a measure, deprived of a knowledge of the progress of the profession over the vast domain of the Western States, if their own journals cannot be fed with appropriate nutriment.

Dr. Lawson has our best wishes for success, which he gives evidence of desiring to merit from all his readers. He must expect, however, slow payments, and warm promises of literary assistance which will never be rendered; but, with the exercise of that degree of patience which characterizes all medical editors, and an untiring devotion to the cause he has espoused—the dissemination of knowledge that promotes human happiness—in the end he may have the satisfaction of knowing that “all is well that ends well.”

Pharmacopœia of the United States.—The New York Medical Gazette speaks of having received a copy of the third decennial edition of this work. It is very singular that a publication of such importance as that should be, has not been sent to this market. Since the *Pharmacopœia* is designed for the whole United States, it ought to circulate beyond New York, where, thus far, it appears only to have been seen. One of the great mistakes of publishers at the south of Boston, is in not anticipating the patronage of the north. If medical books are worth having any where, they are so here; and yet it is no uncommon circumstance to find, in that

direction, elaborate notices of publications that rarely get this way till the curiosity which their announcement excited at first, has entirely passed away. Messrs. Wiley & Putnam might, with a hope of ultimate advantage, enter upon their order-book Boston, Salem, Portsmouth, Portland, Providence, &c. &c., which are places where good books find a quick sale. Although apprized that a specimen volume is on the way for ourselves, we have a strong wish that others should have a chance of buying it if they choose.

Boston Medical Dispensary.—Within a day or two the Dispensary physicians of the city have had a meeting in regard to petitioning the trustees of the Dispensary, for some compensation, which is likely to be favorably received. This is gratifying intelligence. They should have been paid years ago,—and some of the old servants of this charity ought to receive a pension for past services. But things are likely to be put in the right train at last. If there is not a permanent fund sufficient to pay a sum to each one, equal to the rent of an office, let a new subscription be opened at once, to increase it. The good people of Boston never were known to neglect a call of this kind.

Cupping Apparatus.—Mr. Thomas P. Codman, of Roxbury, manufactures a beautiful article for cupping. One of the principal advantages in the glasses devised by him, is the large aperture for receiving an excoriated nipple, when used for a breast pump. An ordinary English set of cupping glasses, with the fixtures, costs from eight to twelve dollars. Nothing can be more perfect, in all respects, so far as we can discover, than Mr. Codman's apparatus, which is afforded at a moderate price, and for which orders may be addressed from any part of the country. There is a difficulty in describing the construction of the tubes, valves, piston, &c., which particularly characterize this instrument. Those who can, therefore, had better call and examine an excellent specimen at this office. Economy should influence us in the purchase of instruments, as much as in procuring any thing else that it may be convenient or desirable to possess.

Case of Nasal Enlargement successfully treated. By Dr. CHARLES CLAY, Lec. on Med. Juris., &c., Manchester.—In May, 1841, I was consulted by a young lady who had a peculiar enlargement of the nose, not accompanied with pain or inconvenience, excepting from its size; its appearance, however, was a circumstance to be considered: many different plans had been adopted, but without any effect. From the history of the case, I suspected it arose from deficient menstruation, as those periodical discharges were not only small in quantity, but at lengthened intervals, and attended with considerable pain, which had been the case for three years. It was evident constitutional treatment was indicated, independent of any application to the local enlargement; I therefore commenced with giving the *mistura ferri composita* (L. P.) in the day-time, and two of the compound aloes pills (P. L.) at bed-time; this was more or less the constitutional treatment throughout, varied very slightly as circumstances might require. But to the local enlargement I adopted the following novel plan: Taking a quantity of plaster of Paris, I made a mould of the nose, and whilst wet, I placed tapes in the plaster to secure it afterwards; the mid-

dle of one tape fastened to the mould was intended for securing it laterally by each end crossing the cheek on the same side, and tying together behind the neck; a second tape directed its course between the eyes over the centre of the os frontis, over the head, and secured to the tape behind the neck; when sufficiently hard, the mould was removed, baked, and well seasoned with oil; when thus prepared it was re-placed on the nose, and secured by the tapes so as to effect a gentle and equal pressure on the organ, the weight of the mould assisting, as it was made purposely rather thick, the lower part being left open to facilitate breathing. After wearing it in this manner a week, I found the mould much too large for the nose, as it sat very loosely upon it. I was, therefore, certain the pressure had effected a considerable reduction in the size of the part affected: encouraged by this, a second mould was made on the reduced organ, which was accompanied with the same satisfactory results; a third, fourth and fifth mould followed, when the nose had assumed its natural size and appearance. On comparing the last with the first mould, the contrast was very striking, and would scarcely have been believed by any person who had not witnessed the process; each mould was worn about a fortnight, with the exception of the first and last; the former about a week; the latter was advised to be worn longer, and relinquished by degrees; the constitutional treatment succeeded in effecting menstruation regularly, and in a sufficient quantity. The nose still remains its natural size. I think this plan might be applied with advantage in many cases; the effect of pressure in chronic enlargements is well known; it is only the novel way of employing it that deserves attention in this case—*London Lancet*.

Cure for Sore Nipple.—In a case which I attended some time ago, I tried several of the means mentioned by Velpeau without any effect. They are generally greasy, nasty, painful, or poisonous applications. Now, you want an application that will not be injurious to the child, and that will thicken and toughen the nipple and the surrounding integuments. It occurred to me that a solution containing tannin might have this effect. I first tried the decoction of oak-bark: upon another occasion I applied the tincture of catechu. This answered perfectly: the nipple, which had been intolerably painful for weeks, and was denuded, returned to its natural state within a day or two, and the mother, who was about to wean her child in despair, was able to suckle it for more than twelve months, without any inconvenience.

The tincture of catechu should be applied twice a day with a camel's-hair pencil.—*W. F., in Ibid.*

Relief from Paroxysms of Coughing. By G. ROBINSON.—I believe suffocating cough has not at present any remedy proposed for it but a smart tap on the back. This is a practice I think not so good as might be proposed or wished for, and one that I would not allow to be practised on myself, nor do I think there are many who would. If we reflect a little on what takes place, we must see that the constant cough during the paroxysm allows of scarcely any other action of the lungs than forcible expiration, and might thus proceed if the lungs were exhausted sufficiently to cause closure of the glottis. From these considerations it follows that our endeavors must be directed in such a way as to pre-

vent the exhaustion of the lungs from going on. This brings me to the method I adopted, or rather invented, years ago, for the relief of this very distressing affection. It is so simple that I am surprised it has not been proposed before. My mode of proceeding is to close the patient's nostrils with my thumb and forefinger during expiration, and leave them free during inspiration, and in a very short time the patient will be relieved from his paroxysm. I have followed this plan whenever I have had occasion to do so, and always with complete success. In confirmation of the propriety of this practice, I think I cannot give a more illustrative case than the following:

A near and dear relative, afflicted with hemiplegia during nearly thirteen years, consequent on an apoplectic attack, of very advanced age, being rather more than 80 when she died, during the last two years of her life was repeatedly seized with paroxysms of suffocating cough, which threatened at times to prove fatal to her; in fact, she coughed sometimes until her face acquired a bluish tint, and I have been in considerable doubt which way the balance would turn. When these paroxysms first occurred I was not prepared with any remedy, but after a time, as her deglutition became more affected, they arose so often that I was in a manner obliged to devise, if possible, a remedy; and that was the method above described, and which never failed to relieve her. I think a case more in point, and one more advantageous as a test for the experiment, cannot well be imagined.—*Ibid.*

Medical Miscellany.—A vote of thanks was given Dr. Mather, one of the faculty of the Castleton Medical School, by the class, for his late able course of instruction.—Dr. Hamilton, now at Castleton, lately took out a large tumor, partly within the axilla. The patient, a lady, sustained the operation with great firmness.—On the 16th day of May a medical convention was held at Cincinnati.—J. P. Kirtland, M.D., has resigned the chair of Theory and Practice in the Ohio Medical College, and accepted the same professorship in the Willoughby University.

MARRIED.—In Derby, Vt., Geo. A. Hinman, M.D., to Miss Mary P. Robbins.—At Philadelphia, Geo. Gourly, M.D., of Ireland, to Miss M. B. North.

DIED.—At Woodstock, Vt., Mr. James C. Duncan, of Hancock, N. H., a student in the Vermont Medical College, 22.—At New York, Dr. George Ackery, 45.—At Hallon Hall, near Worcester, Eng., on Friday, April 29th, where he was on a visit to dine, the celebrated Sir Charles Bell, the distinguished anatomist and anatomical writer.

Number of deaths in Boston for the week ending May 28, 35.—Males, 20; Females, 18. Stillborn, 1. Of consumption, 2—measles, 3—fits, 1—scarlet fever, 5—brain fever, 2—croup, 3—infantile, 4—dropsy on the brain, 1—lung fever, 2—mortification, 2—intemperance, 1—apoplexy, 1—erysipelas, 2—inflammation of the stomach, 1—old age, 1—tumor in the bowels, 1—dropsy, 1—suicide, 1—inflammation of the bowels, 1.

SURGICAL INSTRUMENTS.

MAYNARD & NOYES, wholesale druggists, 11 Merchants' Row, have constantly on hand a full assortment of Surgical Instruments, which they will sell to physicians and dentists at a small advance on manufacturers' prices—consisting in part of the following:—Amputating, trepanning, midwifery, dissecting, dental, hydrocele, eye, lachrymal, pocket, stomach, injecting, cupping and breast instruments, in cases. Scarificators, silver male and female catheters, gum-elastic catheters, bougies, pessaries and nipple shields. Suspensary bandages, silver and brass spring lancets, thumb and gun lancets, tourniquets, tonsil instruments, trocars, stethoscopes, trusses, needles, extracting instruments in cases, turnkeys; Flagg's teeth forceps, 12 patterns; teeth forceps, straight, curved and hawk-bill shape; tooth punches, borers, pluggers, scrapers, hooks and files, platina wire, gold and tin foil.

Je 1—lamly

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBERHESER EMMONS, M.D.
Materia Medica, by T. ROMMYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., President.

Al.27—tO

J. H. ARMSBY, M.D., Registrar.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporters, and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homan, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to

A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.
The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Colper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.

WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$2.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 8, 1842.

No. 18.

NATHANIEL CHAPMAN, M.D.

[THE following interesting sketch of the life and character of Dr. Chapman, of Philadelphia, is from the Medical Examiner of that city. It will be read with interest by physicians in all parts of the country, not a few of whom have listened to his instructions as a public lecturer.]

Professor Chapman is the Sir Henry Hallford of the United States. He is not more distinguished for professional attainments than for courtliness and vivacity of manner, wit, knowledge of the world, and literary taste. His private character forms a marked contrast with that of his late friend and cotemporary, Physick, with whom he so long shared the first rank in the profession of Philadelphia. Physick, who shunned general society, and was little known except in professional intercourse, had a reserved stateliness of manner from which he never unbent. Engrossed by his patients and profession, he seldom entered into the every-day topics of life, and is remembered only as the skilful surgeon and successful operator. Chapman's temperament was cast in a different mould. Eminently social in disposition, with a gaiety of spirit that has not flagged with years—a wit—a punster—delightful as a companion, and enjoying company, he has, for a long period, occupied a position, we may say unrivalled, in the society of this city. To these brilliant qualities he unites the kindest feelings. His wit is without malice, and he is frank, open-hearted, and open-handed. It is not, then, surprising that he is individually as popular as he is professionally eminent.

Dr. Chapman was born in Fairfax county, Virginia, on the 28th of May, 1780, and has therefore nearly completed his 62d year. His paternal ancestor came to Virginia with the first colony, was a captain of cavalry in the British army, and, according to an authentic tradition in the family, was the youngest son of a cousin-german of Sir Walter Raleigh. The family settled on the river Pomonkey, some twenty miles from Richmond, but the branch from which the doctor is descended, migrated about a century and a half ago to Maryland, and fixed itself on an estate on the banks of the Potomac, nearly opposite Mount Vernon, which is still in their possession. The doctor's father, however, went to Virginia, upon his marriage, where he afterwards remained.

Dr. Chapman received his early education at the Classical Academy of Alexandria, D. C., founded by General Washington, where he was six years. He subsequently spent a short time in two colleges, though not long enough to owe either any obligation. He came to Philadelphia in the autumn of 1797, to commence the study of medicine with the

late Professor Rush, of whom he became a favorite pupil. He continued three years with Rush, and in attendance upon the lectures at the University of Pennsylvania, from which he received his degree in the spring of 1800. The doctor's thesis was on hydrophobia, written, we have been told, at the request of Dr. Rush, in answer to an attack upon his favorite theory of the pathology of that disease. Dr. Chapman had, we believe, previously prepared another thesis, on the sympathetic connections of the stomach with the rest of the body, which he afterwards read before the Philadelphia Medical Society. This contained the substance of the peculiar views on fever and other diseases, as well as the *modus operandi* of medicines, which he has since taught. While a student, Chapman found time to become a frequent contributor to the *Port Folio*, a magazine of some celebrity in its day. His contributions, under the signature of Falkland, had considerable popularity.

In 1801 he went abroad, and spent four years chiefly at Edinburgh and London. He remained a year in London, the private pupil of Abernethy, and thence passed to Edinburgh. Edinburgh was then celebrated equally for her school of medicine and her literary and scientific society. Students of medicine resorted thither, as now to Paris, from all parts of the world. Nearly all our American physicians of the olden time, Morgan, Shippen, Kuhn, Rush, Wistar, and many others, received their education at Edinburgh. It may be supposed that Dr. Chapman made the most of his opportunities in the distinguished circles of the modern Athens. He was enabled to see not a little of the eminent persons of those days, and enjoyed considerable intimacy with Dugald Stewart, the Earl of Buchan, and Brougham, then a fellow student. Before his departure from Edinburgh, Lord Buchan gave him a public breakfast, on the birth day of Washington, at which a number of distinguished persons were present, when he took the occasion to entrust him with an interesting relic, valuable from a double historical association. Lord Buchan had presented to General Washington a box made of the oak that had sheltered Sir William Wallace after the battle of Falkirk, with a request "to pass it, in the event of his decease, to the man in his country who should appear to merit it best." General Washington, declining so invidious a designation, returned it by will to the Earl, who committed it to Chapman, to be delivered to Dr. Rush, with a view of its being ultimately placed in the cabinet of the college at Washington, to which General Washington had bequeathed a large sum.

Dr. Chapman returned to this country in 1804. He established himself in Philadelphia, where he soon afterwards married. His attractive manners and reputation for talent secured his almost immediate success in practice. He became the favorite physician of a large portion of the higher classes of Philadelphia, and has continued, for more than thirty years, to occupy this position. He was the physician and confidential friend of the Count de Surveilliers (Joseph Bonaparte), during his long residence in Philadelphia and its vicinity. From the Count he gathered a large fund of interesting anecdote of the illustrious brother of the ex-king, and the men and scenes of his eventful times, from which the doctor occasionally draws. In his day, Dr. Chapman has seen much of the promi-

nent statesmen of the United States, and, though never entering into politics, he is familiar with the personal history and character of most of our public men. He was summoned to the death-bed of General Harrison, though too late to assist in the treatment.

As a practitioner, Dr. Chapman is distinguished as much for the charm of his manner in the sick-chamber, as for skill and success in prescribing. His lively conversation and ever-ready joke are often more effective than anodyne or cordial. Indeed, in cases of trifling importance, the doctor sometimes prescribes little else. In pleasant chit-chat, both patient and physician forget the object of the visit, and the doctor will depart and "leave no sign" for pill or bolus. But, when roused by symptoms of actual severity, Dr. Chapman is almost unequalled in resources, as he is devoted in attentions. Hence, as a consulting physician, his great powers are particularly conspicuous. Rapid and clear in diagnosis, inexhaustible in therapeutics, self-relying, never discouraged, never "giving up the ship," he is the physician of physicians for an emergency.

Dr. Chapman is best known abroad as a writer and a lecturer. Not long after his return home, he published a work entitled "*Select Speeches, Forensic and Parliamentary*," with critical and illustrative remarks, in five 8vo. volumes, which attracted much attention. He has since, however, confined his pen to scientific topics. The year of his return, 1804, he gave a private course upon obstetrics, which proved so popular, that, in 1806, at the age of 26, he was elected adjunct to the chair of Midwifery in the University, and soon afterwards to that of the *Materia Medica*. His colleagues of that day, Shippen, Rush, Wistar, Physick, James, are gone, and he remains the senior professor in the University, and, doubtless, the oldest lecturer on medicine in America. The course of lectures on *Materia Medica* is beyond the memory of the writer of this sketch. The views and arrangement adopted by the lecturer may, however, be inferred from his "*Therapeutics*," to which allusion will be made. At the death of Rush, in 1812, Chapman was transferred to the chair of Theory and Practice, which he has ever since filled.

The lectures of Professor Chapman, annually delivered to large classes, during a period of thirty years, are of course familiar to no small portion of the profession of the United States. We but reflect general opinion, in pronouncing them erudite, elaborate, and highly finished compositions, enriched with the stores of the most varied reading and of ample personal experience. The professor has, we believe, continued to retain, as the basis of his course, the original draft at first prepared, although many lectures have been re-written, and the whole often re-modelled. Keeping pace with the progress of medical science, Professor Chapman is yet slow to adopt, certainly to give currency to what are termed the novelties of the day. On a few subjects, his opinions differ from those generally received. His views of fever are of the ultra-solidist school, and of course at variance with the prevailing doctrines. It is foreign to our purpose, however, to canvass these points critically. Dr. Chapman's delivery of his lectures is animated and emphatic. His voice is clear, not of great volume, but so highly pitched as to seem loud. A slight

nasal intonation gives it a peculiarity, not unpleasant when the ear has become familiarized to it.

In addition to his courses at the University, Dr. Chapman for a long period gave clinical lectures in the hospital of the Philadelphia Almshouse. He has, moreover, for upwards of twenty years delivered a summer course of lectures in the Medical Institute. This Institution was founded by Dr. Chapman, although, as we learn, he has never participated in the fees, or exercised any control over the appointments to the chairs. In days of yore, the doctor was a leading debater at the Philadelphia Medical Society, when the floor of that Society was a field in which the ablest members of the profession met in earnest and often vehement discussion. Dr. Chapman has several times filled the honorable post of President of the Society. He is now the senior Vice President of the American Philosophical Society, and has, we believe, been chosen corresponding member of most of the learned societies of Europe.

Dr. Chapman's principal work is his "Therapeutics," published in 1817. It has gone through seven editions, one surreptitious; but the doctor has since refused to have it re-printed, until he finds time to bestow on it a thorough revision. The "Therapeutics" has enjoyed a long popularity. It is written in a very attractive style, and, as is well known, is thoroughly impregnated with most of the peculiar and original views of the author. It is perhaps hardly necessary to observe, that some of these are not in accordance with the opinions of a large portion of his professional brethren—as, for instance, the theory of the *modus operandi* of medicines.

In 1820 Dr. Chapman commenced the publication of the "Philadelphia Journal of the Medical and Physical Sciences," which he continued to edit for many years. The Journal was undertaken with liberal views—the doctor never receiving a salary for his services. He has since been an occasional contributor to different periodicals. A large number of his lectures have been published in the previous volumes of this Journal—elegantly written and standard monographs on a variety of subjects.

We feel that this sketch does very imperfect justice to one of the brightest ornaments of the profession. It has, however, the merit of being executed in a spirit of entire candor.

DESCRIPTION OF A CASE OF ALVEOLAR ABSCESS.

BY ISAAC I. GREENWOOD, M.D., D.D.S.

SOME few years past a foreign gentleman applied to me for professional aid, who had been treated by an eminent surgeon-dentist for several years for a diseased dens sapientia. On examining the case, the malady was found to be seated in the alveolus of the tooth on the right labial side of the diacranian maxillary at the base of the coronoid process, where it forms a conjunction and continuation of the alveoli. In the first instance it had been formed by an erosive exposure of the medulla of that organ. The patient being of a timid disposition, and the surgeon not determined in extracting the tooth, an abscess had formed, and

the pus passing off from the weight of the matter aslantwise, and through the base of the alveolus of the tooth, had perforated the levator, affecting the rotary muscles opposite the orifice, and through the anterior surface of the skin, immediately under the centre of the belly of the digastricus, where it pierces the meatus auditorius externus, forming a considerable orifice; which issue he was in the habit of probing with a silver instrument, about six inches in length, and cleansing with lint, &c. It was found that in making use of this instrument and forcing it in the whole length of the canal, which was straight and considerably indurated, the rigidity was such that the digastricus could not have its full force of expansion, and the masseter muscle of that side at its lower portion was affected as well as the pterygoideus externus in such a manner that the patient was not enabled to open his mouth more than half an inch.

By further probing the wound the instrument was found to strike upon a hard substance at the base, which by the sound was known to be the fangs of the diseased organ. The alveolus being destroyed on that side of the diacranian opposite, and on the labial section of the surface of the tooth; from the continuous issue of matter, the tooth irritating and acting as an extraneous body, and causing this flow, it was determined at once to perform the operation of extraction. No worse result could take place when the member was removed. The cutting was carefully yet fearlessly made, and the operation performed. The patient immediately feeling relief, the sanguineous discharge which followed was somewhat free, and considered favorable. Yet still the indurated canal remained and the rigidity of the parts not remedied. The patient was advised, when the wound healed in a measure, to lubricate the parts externally with emollients, such as had been prescribed by his physician and were of a mercurial nature, to cause a plianthood and relaxation of the muscles. The advice was concurred in, and a restitution of the parts was the effect of the application.—*Amer. Jour. and Library of Dental Science.*

ANOMALOUS RESULT OF AN OPERATION FOR STRICTURE OF THE URETHRA.

[Communicated for the Boston Medical and Surgical Journal.]

On the 22d of Aug., 1840, I visited John Bradshaw, an athletic Englishman, of sanguine temperament, 30 years of age. He had retention of urine for the preceding two days, caused by a debauch and exposure to cold, aggravating a permanent stricture of seven years' standing. On attempting to pass the smallest catheter, it went, as near as I could judge, to that part nearest the bulb, but would go no farther. I was equally unsuccessful with the smallest bougie. The bladder was greatly enlarged, being distinctly evident to the feel in the pubic region; severe expulsive pains, in character and frequency precisely similar to those of labor, were constant; pulse full, unyielding, and varying in the intervals of pain. On inquiring into his habits and occupation, was informed that he was a brewer, and accustomed to drink beer *ad libitum*; in his own words, from a quart to a gallon a day.

There being no convenience for the warm bath, and the case not admitting delay for the trial of opium or the mur. tincture of iron, I drew blood in a sitting posture *ad nauseam*, directing the patient to be raised at short intervals to encourage faintness, and to ensure that state tart. emetic solution was also directed. This was continued for an hour, with no benefit; not the smallest discharge of urine followed. The pulse, with the patient's previous habits, forbidding further depletion, I commenced the use of laudanum in doses of gtts. c. every hour, with gtts. xxx. mur. tincture of iron. This was continued for five hours, with no effect whatever. It was now midnight, and the patient's condition demanded immediate relief. The depletion he had already undergone, with his intemperate habits, rendered it proper, on a first view of his case, to select the most simple operation for his relief; the rectal puncture of the bladder would undoubtedly have afforded it, but having, on two previous occasions, in men of similar habits, found that operation followed by great cystic irritation, in one instance proving nearly fatal, I thought it proper to give the patient the chance of a radical cure. He had several times been subjected to great distress from the complete closure of the urethra after irregularities, which his habits rendered of frequent prospective occurrence. With the assistance of Dr. Vandervoort, of this city, I performed the operation of cutting into the stricture. I will state the steps succinctly, because the result that followed has entirely baffled my ability to explain.

The patient being tied as for lithotomy, and a catheter introduced down to the stricture, an incision was made through the perineum; two or three lesser ones brought me to its point near the bulb of the urethra; upon turning this aside, I exposed the point of the catheter above the stricture. My patient bearing the operation very ill, it being midnight, and the wound very deep, with a bad light, I lost no time in searching out the contracted part of the urethra. There had been considerable hæmorrhage from an artery which we found it difficult to secure, but made a cautious incision from the point of the catheter in a direct line with it and the raphæ of the perineum, upon the vesical portion of the urethra; this evidently incised the stricture, for there was a rapid gush of urine, amounting to half a pint, as near as could be judged from its rapidity. What was my astonishment to find it instantly cease on withdrawing the catheter, and a full stream of urine passing through the penis. An attempt was made to find the opening of the urethra nearest the bladder, but I failed in doing so, owing to the exhausted state of the patient and the badness of the light. He was placed on his side, a pledget of lint being left in the wound; the patient spent a good night. I visited him early in the morning, designing to search out the orifice and pass a catheter; but on questioning him respecting his urine, I found he had passed it with perfect freedom through the penis, none having issued through the perineum. I removed the pledget of lint from the wound, and did not think it proper under such circumstances to attempt to pass the elastic catheter, which I had intended, as usual in such cases, to leave till the urethra had united. The case progressed to a cure without an unfavorable symptom; not a drop of urine issued at any time through the pe-

rineum, and the patient now passes a full stream of urine, not only when temperate, but during his customary debauches. The largest catheter will also pass freely into the bladder.

Remarks.—This case is to me quite inexplicable. First, the reader will observe, the stricture was permanent, the patient for years having passed the smallest possible stream of urine, often guttatim for weeks together. This, with the severe depletion and anti-spasmodic treatment he underwent, no less than 500 drops of laudanum in five hours, together with the mur. tincture of iron, a remedy of established efficacy, forbids the idea of its being spasmodic in any degree. Secondly, the point of the catheter being exposed, and then the incision being made directly from it to the vesical portion of the urethra, and followed by a copious gush of urine, proves that the stricture was fairly incised. Why, then, did not the urine continue to pass through the perineum as the more ready outlet? and why did no traumatic stricture follow, though no catheter was introduced? I confess I am unable to answer. Some of your readers may. I publish the case, because I think we are all too much in the habit of setting forth our smooth cases, to the exclusion of such as may possibly show forth our own dulness. E. H. DIXON, M.D.

New York, May, 1842.

INSANITY AND DEATH FROM MASTURBATION.

BY ALFRED HITCHCOCK, M.D., ASHBY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

THE records of lunatic hospitals, and the multiplication of books on the subject of masturbation, have probably, within a few years, been a means of inducing physicians to attach more importance than formerly to this habit as a cause of ill health; and have thus led to a more correct diagnosis and successful treatment of some of the worst forms of human disease. Evidence is not wanting, either from hospital or private practice, to show that the evil is wide spread and constantly in action. This cause of disease is sometimes overlooked by medical men, either from false notions of delicacy, or from ignorance, or from a selfish fear that suggestions on the subject will be heard with displeasure or repelled with indignation. The medical attendant in such cases treats the patient symptomatically, while the morbid cause continues in action, sapping the very foundations of health and strength, and death ere long closes the scene. As a general thing, the mass of community yet remain profoundly ignorant on this subject; and are ready to attribute diseases from this habit to any but their true cause. Within ten years a number of fatal cases have fallen under my observation, where death was clearly traceable to that cause alone. In each of these cases the friends and neighbors assigned "disappointed love" as the "*fons et origo mali*." The reasons for this kind of misjudgment are, probably, the restrained silence of scientific men on the subject, and the deceptions of garrulous empirics; who, themselves ignorant of the laws of physiology, depend for

patronage on the ignorance and superstitious whims of their employers. A general diffusion of the principles of physiology, or even a knowledge of the most important *laws* which the Creator has made to govern the temple of our living bodies, would create a dearth of empirics, and bring starvation upon many a money-getting juggler in medicine.

The most important and interesting case of masturbation which for several years has come under my observation, is the following:—

W—— J——, æt. 23, of sanguino-bilious temperament, had enjoyed good health through childhood and youth. From 14 to 16 years of age, he evinced a relish for books and a desire for intellectual pursuits. At 19 he left his father's farm, and engaged as a merchant's clerk in a neighboring village. At this time he was lively, cheerful, and fond of female society. In this employment he continued, except occasional absences at school, for nearly three years. Towards the latter part of this period, as I am informed by those who were then familiar with him, he became rather dilatory in business, languid in his movements, and began to show a dulness of perception, an aversion to the female sex, a desire for solitude, and a bashful timidity of countenance. In December, 1839, he became jaundiced and dyspeptic, with some febrile symptoms. He took cathartics for several days in succession, and afterwards cathartics and tonics, which relieved all his more prominent symptoms. For the next six or eight months he worked some on his father's farm, and for a while in the summer followed the business of peddling. In August, 1840, while peddling in Vermont, he was suddenly seized with a fit, which from accounts was probably of an epileptic character, although he never afterwards had another. From that time he manifested symptoms of insanity.

On his return home, some time in September, I was immediately sent for, and found him in the following condition. His physical appearance generally bespoke suffering and anxiety, or rather despondency—his flesh had very much wasted—his countenance was of a leaden sickly hue—the skin was generally dry and rough; occasionally, however, on the slightest excitement the blood would freely inject the capillaries, and soon after a warm, unctuous and offensive sweat would bedew the surface. His gait was unsteady and tottering—the muscular system greatly debilitated, and the motions tremulous and uncertain. He was very shy and taciturn in his appearance; answered questions very reluctantly, and his mind seemed totally incapable of fixing itself upon any subject even for a few minutes. He was generally sleepless, and sometimes highly delirious during the night. His breath was fetid, tongue and mouth white and pasty. The pulse was small, hard and frequent, but without the momentum and sharpness which indicate organic disease. The chest gave healthy sounds, and upon thorough examination I was satisfied that no viscus was seriously affected.

I was at no loss to ascribe *all the symptoms* to the habit of masturbation. On requesting a private interview, I drew from the unfortunate young man a full confession, which completely confirmed my diagnosis. "For six years," said he, "I have practised the habit. My propensity has grown stronger and stronger, and resistance has become an impossible

thing." He also acknowledged that for the last three months the pollutions had been involuntary. This was the first moment in his life that he had thought of harm or danger in the indulgence! While conversing with him, he seemed convinced of the cause of his ill health, and expressed, with a sort of despairing madness, his resolution to "go and sin no more." In view of the imbecile and delirious state of his mind, I expressed to his father my opinion of the cause of his sickness, and advised his immediate removal to the lunatic hospital. This opinion and advice was rejected by the father, although corroborated by several medical gentlemen who saw the patient, and more positively confirmed by confessions from his ruined son. My professional attendance, of course, soon ceased; and from that time to his death, a period of five months, he took the "cure alls" of empirics of every grade. The root doctor, the Thomsonian, and the fourpenny fortune-teller, each in turn tried his magic skill; and not one of them, either from ignorance or from selfish reasons, ever alluded to the true but hidden cause of all the symptoms.

As a matter of course, the state of the patient became worse and worse. The stomach rejected its contents, the bowels became obstinately constipated, and the body wasted to the most extreme degree of atrophy. His mind became a complete wreck—a part of the time furiously mad, then groaning with despair or tortured with wild and idiotic lunacy. He complained of no pain, except an obtuse compressive feeling in the left hypochondrium. For the last two months of his life his mind seemed unceasingly fixed upon that spot as the seat of all his trouble. He would implore every one that he saw to cut him open and "fix something that was wrong"—and from morning to night he would toss himself upon the floor or the bed, wringing his skeleton hands in anguish, shrieking and groaning with a sepulchral voice, because no one would "operate on him." In short, a more deplorable, loathsome or ghastly specimen of human suffering could not well be imagined. For a short time before dissolution, he became rather calm, and reason seemed partially to regain her seat, as if to witness the dying struggle of the victim, and, perchance, to reproach her possessor for the ignoble sacrifice of manly strength and youthful vigor to a debasing and suicidal habit.

The post-mortem appearances, as witnessed by Drs. Barr, Stone, Haynes, Gibson and myself, were the following:—

The body was covered with numerous dark-purple spots, and presented the most extreme degree of emaciation, both of the muscular and adipose tissues. The heart and lungs were healthy, excepting perhaps a slight degree of atrophy. The liver not changed in appearance. Gall bladder largely distended with very dark viscid bile. The spleen healthy. The mucous membrane of the stomach inflamed and very much thickened, especially towards the pyloric orifice. The mucous membrane of the intestinal tube inflamed and very much thickened throughout nearly its whole extent, while the muscular coats were much atrophied and in some places completely wanting. The pelvic and abdominal muscles were atrophied, black and softened. The psoas muscles in particular, on being removed, had no elasticity, but would break

under the fingers like flesh that is semi-putrid or has been a long time macerated in water. The kidneys and bladder nearly natural. The vesicula seminales were greatly enlarged, and each contained about a tea-spoonful of pus. The testicles were very much atrophied, white, and almost entirely destitute of any moisture. The bodies of the two lower dorsal vertebræ were partially carious, with about an ounce of pus lying upon their anterior surfaces. The brain, much to our regret, owing to unavoidable circumstances, could not be examined. The medical gentlemen present were unanimous in the opinion that *masturbation* had been the cause of all the symptoms and pathological appearances.

There is a great reluctance on the part of our profession to "speak the whole truth" on this disgusting subject. Does not this silence cherish the ignorance and weak prejudices of the community, and thus indirectly afford encouragement and patronage to boasting empirics and unprincipled medical pretenders. Shall we shut our mouths from candidly, and in a proper manner, speaking the truth to our patients, for fear of offending the pride of families? Shall we indeed, for selfish reasons, compromise the lives of our patients at the shrine of popular prejudice? Can we discharge our whole duty as laborers for the best good of suffering humanity, while we thus pocket the key of knowledge, and suffer the community to remain ignorant of this destroying Moloch of civilized society? Our profession, as a general thing, have nobly come forward and denounced intemperance as one of our greatest individual and national evils. The symptoms and morbid anatomy of intemperance are well known and easily understood. People do not have to wait for the disclosures of the dissecting knife to learn whether this or that man died a drunkard. The bloated form, the staggering gait, the palsied limbs, the blood-shot eyes, the nose embossed with carbuncles, speak a language that needs no interpretation. But not so plain are the symptoms of the evil in question. It is insidious, but certain in its operation. Its course is silent and solitary, but mighty and ruthless are its movements. It steals unseen and almost unfelt, but blights and destroys like the breath of the sirocco. The manly frame totters and decays beneath its undermining power, while the social, moral and intellectual man is wrecked or annihilated in the ruin!

May, 1842.

TRAUMATIC TETANUS TREATED BY FREE BLEEDING.

[Dr. C. C. HIGGINS, of Staffordshire, relates the following interesting case in the London Lancet.]

James Sleening, aged 18, a stout farmer's laborer, on February 5th wounded his hand rather severely with a straw-cutting engine, the nail part of one finger being completely divided. The wound was simply treated, and at the end of fourteen days was apparently well. At this time he got very wet from swimming through the river Blythe, being previously heated from following the fox hounds (on foot); on the night of the 21st February he slept in a hovel exposed to the weather, which

was cold and frosty. From this time he complained of being poorly, and on Friday, the 25th, I was sent for, and found him complaining of violent spasmodic pain at the epigastrium, with great difficulty of breathing; stiffness about the muscles of the neck; an inability to open his mouth, and difficulty of lying down; the pulse 120, full and throbbing, but little fever. I bled him to about twenty ounces; ordered him four grains of calomel and two of opium to be taken directly, and nauseating doses of tartar emetic, combined with a saline aperient, every three hours. The bowels were acted upon, but the pain and spasm not relieved. In the evening of the same day I ordered him one grain and a half of opium every three hours, and a mixture composed of camphor, ether and laudanum. The spasms still continued with unabated violence, the means already tried apparently not affording the least relief. On the morning of Saturday he suffered very much from the pain and spasm of the diaphragm, and also of the pectoral muscles. I now bled him to thirty ounces from a free orifice, which produced rather a long fit of syncope, in which state he was quite free from spasm; as he recovered it returned, but with less violence.

He still continued taking two grains of opium every three hours with the antispasmodic mixture, and in the evening could open his mouth with perfect ease, and complained of but little pain. On my leaving him he prevailed upon his mother to allow him to get up, which brought on the spasm with increased violence. I was called in the night, being told he was dying; I went, and found him standing by the bed-side leaning on his mother, the body bent forward, and dreading the least motion, as it increased very much the difficulty of breathing. He remained in this position for three hours; I gave him some ether in a state of vapor, which afforded some relief.

On the morning of Sunday I found him in a complete state of opisthotonos, but complaining very little of pain or difficulty of breathing if he was not moved; he was able to talk freely, and swallow fluids without difficulty. At this time he was quite under the stimulating influence of the opium, in a complete state of intoxication; the pulse still 120, full and throbbing. Continued the opium in one and a half grain doses. On Monday, the 28th, I found him in the exact position I had left him, the body resting on the head and heels. Again bled him to sixteen ounces, and directed a continuance of the pills and mixture.

March 1. Much the same as yesterday; pills and mixture continued regularly every three hours.

2. Still remains in the same state, dreading the least motion, as it increased the spasm. Medicine continued. During this night he had a profuse perspiration, and on the morning of the 3rd appeared much relieved; the opisthotonos so far gone as to allow of his turning on his side. As the bowels had not been relieved for the last two days, I ordered him an aperient draught, to discontinue the antispasmodic mixture, and continue opium pills if the spasm increased in severity. During the 4th he remained tolerably easy, but still dreading any motion of the belly, preferring to lie constantly on his body. From this time he began to move more freely, and open his mouth with greater ease; a considerable quan-

tity of pus and bloody serum escaped from the mouth; the tongue was found much lacerated, and he also expectorated a considerable quantity of mucus tinged with blood. From this time to the 10th he continued to take the opium occasionally, as the least motion brought on the spasmodic action, and has since continued to improve, with occasional spasmodic twitching, and is now nearly well.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 8, 1842.

SPECIAL PATHOLOGY AND THERAPEUTICS.

SINCE a former notice was taken of Dr. Dunglison's recently-published system of the *Practice of Medicine*, we have made further examination, and the work stands higher in our estimation now, than when first announced. There is one particular advantage in these volumes. Turn to any disease treated of by the author, and every fact that can be of any importance to the reader, is readily found in the natural order of arranging the materials of each article. For example, Chapter 2d, of the second volume, treats in a few words of the *general anatomy of the pancreas*; next follow observations on inflammation of the organ, and the terms made use of in Latin, English, French and German, to express that condition, either by ancient or modern authors. *Diagnosis* naturally enough succeeds—and then the *causes*. Then come the pathological characters—and, finally, *treatment*, the essential part of the essay. A young practitioner values this orderly method, which enables him at once to ascertain those circumstances in regard to a disease which may be under his care, essential for him to know. He has neither had practice nor experience to make him familiar with whatever may occur; and the frequent reference necessarily made to a standard author, makes it important that he should not only have the best authority, but that which is correct, methodical and concise. Such books are needed, and whenever they appear invariably receive the hearty approbation of the medical community. The correct and concise teachings in the late American edition of Dr. Marshall Hall, explain the secret of its rapid sale. Those tediously constructed medical guides, of which the world is quite full enough, that discuss topics till the reader forgets the beginning before he arrives at the end; in which no facts are presented, and from which no conclusions can be drawn, are the lumber of modern libraries. They are equivalent to wooden blocks, painted to resemble tomes, which are to be seen on the upper shelves of some private libraries—filling space, but only to be handled by the owners.

Dr. Dunglison has succeeded well in this last undertaking. An immense amount of truly valuable matter is concentrated into a comparatively small space, and yet there is not a crowded appearance, nor a redundancy of useless words. To the young practitioner, therefore, especially, this treatise must be a useful guide and monitor. If its true merits have been overlooked, or its claims neglected, by those who can

appreciate accurate descriptions of the varying shades of disease, it is quite certain that in this case merit will eventually not go unrewarded. Having spoken thus freely, unbiased by the partialities of any one, we enjoin upon our young friends in active practice to take to themselves this responsible and trusty medical sentinel.

Opening the Eyes of the Blind.—A visit to the Massachusetts Charitable Eye and Ear Infirmary, located in Green street, in this city, should be made by every medical gentleman who is not already familiar with the objects of sympathy which such an institution presents. The institution is not valued half enough by the inhabitants of the city, principally because they know but little about the concerns of the interior. If its merits were more generally understood, we are quite sure it would be more extensively beneficial to that class of blind persons who might find sight through the instrumentality of art. There are blind people of both sexes, young and old, scattered here and there over all the New England States, neglected and perhaps nearly forgotten by those who should manifest an untiring devotion to them, because they have arrived at the unwarranted conclusion that no operation or surgical treatment can restore their sight. Some of these might unquestionably have a restoration of vision. This prospect, even if quite remote, should stimulate the unfortunate to get the opinions of those oculists who of all others are best qualified to give an opinion upon their case, from the circumstance that constant familiarity with any imaginable disease of the eye, gives them great advantage over those having less acquaintance with the various conditions of the organ.

On Wednesday last we saw Dr. Jeffries operate for an artificial pupil, at the Infirmary, where the chance for imperfect vision was exceedingly small; yet the surgeon entertains a faint hope of letting in a little light upon the unfortunate patient. Dr. Bethune, one of the assistant surgeons, kindly permitted us to bring away a few memoranda.

The unfortunate subject was Charles H. Baker, who was "blown up" while blasting. Has a closure of the pupil of the right eye, with a total destruction of the left. The right cornea opaque at the upper part; lower margin clear; sees light. April 16th. Dr. Jeffries operated by cutting the iris in two places with the iris knife—carrying it through the cornea: iris did not retract. May 28th. Sees light more distinctly—no other change. June 1. Operation repeated to-day; the two former incisions united by a third. A large opening was made; and should it finally prove a successful operation, no one with a clear spot in any part of the cornea, the size of the head of a pin, need despair, since a pupil can be constructed opposite the transparent point, and thus open a communication with the external world.

The Pharmacopœia of the United States of America.—Much to our gratification, a copy of this carefully devised and revised work, from the press of Messrs. Grigg & Elliot, Philadelphia, is upon our table. Its typographical execution is inviting—and withal, the letters are so large and distinct that no one can complain on that score. Further observations are intended in regard to its character and claims.

Galvanism to remove Cataract.—By the late arrival of the Columbia at this port, interspersed among other new and curious scientific matters brought by her, we are partially made acquainted with a successful experiment in London for removing cataracts from the eyes by galvanism. It is asserted that several eminent physicians are engaged in the inquiry, and a good deal of excitement has already been created by the little that has been achieved by the aid of this singular agent. Particulars will be laid before the profession, should anything be gleaned worth re-publication.

New Medical Works in Press.—From the Medical Intelligencer, an advertising sheet issued quarterly by Messrs. Lea & Blanchard, of Philadelphia, the gratifying information is received that Dr. Pereira's Elements of Materia Medica, the non-republication of which, in this country, was spoken of in this Journal a week or two since, is in press. It will appear in two volumes, containing natural history, preparations, properties, composition, effects and uses of medicine. Also a work by Thomas B. Mutter, M.D., Professor of Surgery in the Jefferson Medical College, on the Principles and Practice of Surgery, illustrated by numerous engravings and wood cuts. Is there not invention enough in all North America to produce a new title? That of *Principles and Practice*, like *First Lines of Physiology*, is a drug in the medical market. *Principles and Practice of Modern Surgery*, by Robert Druitt, with notes by Dr. Joshua B. Flint, of Louisville, Ky., late Professor of Surgery in the Medical Institute, is also to be forthcoming. It is said to be an unrivalled production.

Vitality—contra-distinguished from Chemical and Mechanical Philosophy.—Such is the title of a learned paper sent to us for publication in the Journal. In order to publish it at all, it would necessarily, on account of its length, have to be introduced piecemeal, to the manifest injury of the article. While thanks are due to our correspondent for his attention, it is recommended to him to give it to the world in a pamphlet, either as a supplement to our Journal or by itself, as the readiest method of bringing it generally and at once before the medical public. Extracts could, in the latter case, be made with propriety, without the danger of surfeiting any one with too much of one thing. In this hurrying age, no one will, if he can, afford time for long Journal articles; they are scarcely ever read, even by patient, devoted, at-leisure students; but that which would be rejected in a periodical, if presented in the form of a pamphlet, or even in a large book, commands the respectful attention of those who study to be wise.

Munroe Co. Medical Society, N. Y.—At the anniversary meeting, May 11th, Dr. E. W. Armstrong communicated a case of empyema, and Dr. E. M. Moore, pursuant to appointment, read a dissertation on the catarrhal complaints of children.

The President, Dr. Maltby Strong, read an interesting and appropriate address, and by a vote of the Society, was requested to furnish a copy for publication.

The nominating committee having reported, the following persons were elected officers for the ensuing year:—

President, Dr. Samuel B. Bradley, of Greece; *Vice President*, Dr. P. McNaughton, of Scottsville; *Secretary*, Dr. W. W. Ely, of Rochester; *Treasurer*, Dr. P. G. Toby, of Rochester; *Delegate to the State Medical Society*, Dr. Maltby Strong, of Rochester; *Censors*, Drs. W. W. Reid, E. M. Moore, E. W. Armstrong, E. S. Marsh, of Rochester—Socrates Smith, of Rush, Davis Carpenter, Ralph Thacher, of Brockport.

Thirty-five members were present. Whole number of practitioners connected with the Society, in the county. 77; of whom 34 reside in the city of Rochester. There are also about 25 licensed physicians who have not yet been received as members of the Society.

Navy Surgeons.—The Army and Navy Chronicle says:—We do not believe that stronger evidence of the necessity for increasing the Medical Corps of the Navy could be found, than in the striking fact that the sloop of war Vandalia has sailed for the coast of Africa—the most sickly station in the world—with only one medical officer on board. Two Assistant Surgeons were ordered, but both relieved in consequence of ill health; and the vessel was detained a week waiting in expectation of another. It is also a fact that a short time since, at the Boston station, there was but one surgeon to attend to the duties of the navy yard, receiving ship, rendezvous, and hospital, where there are usually four full surgeons and as many assistants—all the others having been withdrawn for service in other vessels.

MARRIED.—In Derry, N. H., May 3, Josiah C. Eastman, M.D., of Hampstead, to Miss Anne Augusta Willson, of the former place.—At New York, Matthew Stevenson, M.D., of Cambridge, N. Y., to Miss A. L. Auchincloss.

DIED.—At Neapel, in December last, the celebrated surgeon Dr. Fricke, of Hamburg.

Number of deaths in Boston for the week ending June 4, 59.—Males, 31; Females, 28. Stillborn, 1. Of consumption, 8—fits, 1—marasmus, 2—infantile, 5—cachexia, 1—quinsy, 1—teething, 4—intemperance, 1—scarlet fever, 12—dropsy on the brain, 1—croup, 1—lung fever, 2—inflammation of the brain, 1—disease of the heart, 1—accidental, 1—measles, 2—scrofula, 1—fever, 1—smallpox, 1—dropsy on the chest, 2—inflammation of the bowels, 1—dropsy, 2—drowned, 1—gravel, 1—inflammation of the stomach, 1—throat distemper, 2—old age, 1—unknown, 2.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

The first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On tic douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

C. A. CLAPP, JR., *Publisher*.

SURGICAL INSTRUMENTS.

The subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 123 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

Je 8—

JOHN C. WARREN, }
GEO. HAYWARD, } *Surgeons to Mass. General Hospital.*
S. D. TOWNSEND, }

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. May.	THERM.			BAROMETER.			Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
	Sun. r.	P. M.	Sun. s.	Sun. r.	P. M.	Sun. s.			
1 Sun.	40	62	53	29.14	29.00	28.96	S	Cloudy	Missouri currant and fever bush in blossom.
2 Mon.	46	52	49	28.95	28.98	29.03	S W	Cloudy	White maple in blossom.
3 Tues.	46	50	45	29.22	29.35	29.32	N E	Cloudy	Plum trees in blossom.
4 Wed.	42	54	49	29.24	29.35	29.42	N E	Fair	
5 Thur.	44	61	62	29.56	29.60	29.55	W	Fair	Wild cherry in blossom.
6 Frid.	43	72	64	29.49	29.30	29.28	S W	Fair	
7 Satur.	40	52	54	29.43	29.51	29.51	N	Fair	
8 Sun.	36	58	47	29.50	29.36	29.30	S	Fair	White frost.
9 Mon.	46	50	42	29.13	29.14	29.15	N W	Fair	Apple trees in blossom.
10 Tues.	38	46	53	29.15	29.13	29.10	S W	Cloudy	Rain in the night.
11 Wed.	44	78	61	29.09	29.05	29.09	S	Fair	Thunder shower about half past 11.
12 Thur.	47	57	51	29.16	29.23	29.34	W	Fair	
13 Frid.	42	64	55	29.40	29.24	29.18	S	Fair	
14 Satur.	43	58	54	29.33	29.41	29.45	N W	Fair	Tartarian honeysuckle in blossom.
15 Sun.	40	62	52	29.48	29.45	29.39	S W	Fair	
16 Mon.	39	60	57	29.32	29.30	29.35	S W	Fair	
17 Tues.	49	75	65	29.55	29.63	29.65	S E	Fair	
18 Wed.	50	74	66	29.69	29.65	29.62	S E	Fair	
19 Thur.	54	73	56	29.54	29.43	29.56	S W	Cloudy	
20 Frid.	40	40	49	29.73	29.75	29.76	N E	Cloudy	Rain and snow in the morning.
21 Satur.	35	65	58	29.73	29.68	29.62	S W	Fair	Heavy frost. White clover in blossom.
22 Sun.	46	59	56	29.48	29.32	29.27	S W	Cloudy	
23 Mon.	48	53	61	29.20	29.32	29.39	N E	Rain	
24 Tues.	42	64	55	29.48	29.46	29.43	S W	Fair	Fog in the low lands.
25 Wed.	50	65	60	29.30	29.26	29.27	N W	Fair	Rain in the night.
26 Thur.	49	68	64	29.30	29.35	29.37	W	Fair	
27 Frid.	49	56	53	29.43	29.37	29.30	S W	Rain	
28 Satur.	49	69	66	29.30	29.31	29.35	W	Fair	Heavy fog in the morning.
29 Sun.	49	62	52	29.38	29.35	29.26	S W	Rain	
30 Mon.	48	54	56	29.07	29.01	29.00	N E	Cloudy	
31 Tues.	47	60	63	29.11	29.18	29.24	N W	Fair	

The month of May has had a full share of cold, wet and blustering weather. It has closed with favorable indications for the husbandman. A frost on the 21st destroyed tender vegetables and some fruits in low lands, but did not affect the important fruits. Thermometer ranged from 35 to 78—mean 56. Barometer from 28.95 to 29.76. Rain fell 3.24 inches.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

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Chelsea, September, 1841.

Sep. 8—eoptf.

GEORGE W. OTIS, JR.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 15, 1842.

No. 19.

CLIMATE, DISEASES, &c., OF WESTERN AFRICA.

FROM THE JOURNAL OF DR. SAVAGE, MISSIONARY AT CAPE PALMAS.

CHARACTER OF THE CLIMATE.—The many deaths that have occurred at different periods, at Cape Coast, have given to it the character of being unfavorable to health. The main part of the settlement is elevated, and freely swept by breezes from the sea, two facts necessary to salubrity in Africa. An evident local cause of disease, in my estimation, lies in the stagnant pools within the native town, and the filthy habits of its inhabitants. Effluvia, exceedingly unpleasant, are constantly evolved, and, at certain seasons, must prove very deleterious to the health of foreigners.

Some peculiar Diseases.—Some local diseases exist here which are exceedingly repulsive, and one would suppose, much to be dreaded; but from their being so common, they seem to attract but little notice. They are, especially, the *Guinea worm* and *elephant leg*; neither of which occur on the Ivory or Grain Coast. Both are known at almost all points on the Gold Coast.

The seat of the worm is the skin. It often burrows in the fascia of the tendons and muscles; but, most generally, may be traced by the fingers, feeling like a small cord beneath the surface. It makes its appearance externally by a small white vesicle, preceded and accompanied by severe pain and inflammation, often resulting in tedious ulcers, and sometimes in the loss of the use of the limb by permanent stiffness, or amputation. It may make its appearance in any part of the body, but the lower extremities are most frequently affected. Instances are related of its exit from the eye, and under the tongue. Two or more sometimes appear at the same time, generally but one. Their length varies from two to six feet.

The cause is not satisfactorily known. Various conjectures and theories have been started. Some say the rudiments are taken in by drinking the water, and others, through the skin in bathing, &c. The existence of the disease being known, and the sub-cutaneous cellular tissue of the lower extremities being its nidus, but little difficulty will arise in the mind of an *observer* as to its proximate cause, when he sees men, women and children, as I have, bathing in pools of water green and evidently malignant from stagnation. The same is often used for drinking and culinary purposes by the natives.

The Europeans, who use the rain water kept in tanks, occasionally

have it. It is said never to have been detected in *tank water*. But while at the mission house, I discovered, in the act of drinking, *two* in one tumbler, which, upon examination by the microscope, proved to be the true filaria, or this "Guinea worm." They were about two lines in length, and upon the head of one, the *black speck*, seen through the vesicle as they first appear upon the surface, was distinctly visible.

Great care is required in the process of extraction. If broken it will be followed by protracted suppuration and extensive ulcers, leading often to loss of the limb. They sometimes recede from the surface once having made their appearance, and attack a distant part, or never re-appear during life.

The thought of being thus a prey to worms during life, I must acknowledge, is truly revolting; but, upon reflection, it may be asked why should it be more than to disease in any other form? The unpleasantness of the idea lies, perhaps, like that of many others, in the associations connected with it—*death* and the *grave*. There is, seemingly, an incongruity presented to the mind.

The other disease is the "*elephant's leg*," erroneously called elephantiasis; the latter, properly speaking, being a totally different affection. The leg is hard and enormously swollen, resembling in its thickened and wrinkled skin that of the elephant, from which fact it takes its name. As it occurs here it is probably the result of neglected or badly-treated intermittent fever. At the recurrence of almost every febrile paroxysm, the effusion increases. The disease soon becomes chronic; the great size and heavy wrinkles of the limb become permanent—and the parts, at first acutely sensible to the pain from diseased action, ultimately lose their susceptibility almost entirely, when the patient is obliged to drag about with him this "*load of leg*," from which he can find no relief but in the grave.

Difference of Climate between the Gold and the Grain Coasts.—While here, I had the privilege of examining the meteorological journal of Mr. Bartell, regularly kept for a number of years. From this it would seem, that the average temperature on the Gold Coast is about two degrees higher than on the Grain Coast. The heat during the "hot season," is generally acknowledged to be more oppressive than even this thermometrical difference indicates. This is confirmed by the established customs on these two sections of the coast. *There* it is the custom to suspend labor in the sun from 10 o'clock, A. M., to 3 o'clock, P. M. During these hours the Europeans likewise refrain from walking and travelling, and other ways of exposure to the sun. The contrary is the course on the Grain Coast. The same times, and number of hours for labor and travelling, are observed as in the temperate regions of Europe or America.

The same excess is remarked in reference to the violence and quantity of the rains during what is called the "wet season." They are much more moderate on the Grain Coast than here, or in the same latitudes on the windward coast. This excess is observable at Montserrado, and increases as we approach Cape De Verd.

Burning the Dead—Law in relation to those who commit Suicide.—In a walk to-day I met with a heap of calcined human bones; was in-

formed that they were those of some one who had been dead many years. The commandant of the Fort informed me that a custom exists among them of burying their dead under the floor of their houses, and at an indefinite period reducing them thus to ashes to prevent their desecration. But I afterwards ascertained that in this instance they were the remains of a man who had committed suicide by shooting himself in a fit of anger with another. Suicide, it is said, was formerly very common among the natives. A law, passed a few years since in council at Cape Coast, that all guilty of this act should be burned to ashes, has greatly diminished its frequency.

Strange Custom in relation to the Birth of the tenth Child.—Passed also a small enclosure of wicker work, in the centre of which was a mere *shelter* for a woman within, having an infant in her arms. It is their custom when a *tenth* child is born, to thus separate the mother from all society for a given number of days, allowing her food barely sufficient for subsistence. Before the Forts obtained their present influence, the infant was destroyed, under the superstitious idea, that if permitted to grow up, it would prove "*a witch*" to the other members of the family, i. e., a constant cause of trouble and disease, and at last death. The usual mode of destroying it, was *burying it alive*, and then *treading down the earth upon it*. It is said that this horrid practice is still continued secretly by some, and known to be so openly in the towns more distant.

The same shocking death follows in cases of congenital deformity. And many other customs equally barbarous are still in existence a few miles distant from the Fort.

CONVULSIONS CONSEQUENT UPON DENTITION, TREATED BY THE APPLICATION OF ICE TO THE SPINE.

FROM A CLINICAL LECTURE BY R. B. TODD, M.D., F.R.S.

THE third case to which he would call the attention of the students, one of infantile convulsions, likewise came into the class of what one might call diseases of emergency. It was certainly one of those cases in the treatment of which the medical man especially required to keep in view correct principles, and should carefully avoid adopting a routine practice. Convulsions were *symptoms* of disease, to which, indeed, they stood in the same relation as the vomiting occasioned by an incarcerated hernia did to the obstructing cause. The first and main point to which they would have to decide when called to a case of convulsions, was their cause.

Convulsions could not occur without some affection of the medulla oblongata or spinal cord direct or indirect; mechanical pressure on the *fontanelle*, as in parturition, might occasion convulsive movements; pressure on the tumor of the acephalous fœtus did the same. Irritation of the nervous centre itself, then, might cause convulsions, as we knew often resulted in children from tubercular disease, and in adults, too, from meningeal disease irritating the brain. But the irritation of the nervous

centre might result from some distant irritation propagated to it by an excitor nerve; and in children, infants especially, this was most commonly the case. The excitement occasioned by the teeth slowly making their way through the gums, or some derangement of the stomach or bowels, not unfrequently re-acted on the nervous centres, exciting an irritation there which proclaimed itself by giving rise to convulsions. The case which led him to make these remarks was that of a child, Edward Brooks, aged 18 months, who was admitted into hospital on the 23d of January of the present year. The child's mother, who was a young woman of 20 years of age, earned her livelihood as a hawker in the streets. The infant, therefore, must have been much exposed, and ill-attended to, ill fed, and half clothed; for the first month after birth the child had frequent attacks of convulsive twitchings of the limbs, with drawing of the head backwards, and starting of the eyes; he was often awoke from sleep by these attacks.

On the 23d of January in the morning he was seized with a convulsive attack, having previously passed an uncomfortable night, and apparently suffering pain in the right side of the head, as indicated by his frequently placing his hand there. The fit lasted ten minutes, but after it had ceased the right hand shook violently; at one o'clock a second fit occurred, and as it did not seem likely to cease readily the mother applied to the hospital.

The child was admitted at 2, P. M.; at that time the following symptoms presented themselves:—Total absence of consciousness; powerful convulsive twitchings of the flexor muscles of the right side, and also of the muscles of the face on the same side; internal squinting; pupils natural; respiration heaving and difficult; deglutition impossible; action of the heart very rapid. Such were the symptoms; they were symptoms of irritation, and the first inquiry of the medical man should be—what is the source of the irritation? Dentition, as was well known, was a very fruitful source of irritation to infants, and so frequently gave rise to convulsions, that the practitioner would be guilty of an unpardonable oversight who did not first carefully examine the gums to ascertain whether any teeth were struggling to come forward, and if so, to divide the membrane which retarded their progress.

Mr. Pincott, the excellent resident assistant to the physicians, having found the gums swollen, scarified them freely; and here let him (the lecturer) remark, that in the management of cases like the present they must not be content with a simple incision of the gum, they must take care to divide it freely, so as to cut through all the coverings of the tooth, and thus to remove every obstacle to its protrusion.

The scarification of the gums in this case, however, was not followed by any improvement in the symptoms; the child was then immersed in a warm bath at the temperature of 100 degrees for ten minutes. There was still no improvement. In half an hour afterwards, with the view of removing any irritating matter which might have accumulated in the bowels, an enema, consisting of four ounces of gruel, and two drachms of spirits of turpentine, was administered, but without good effect. Cold sponging of the head was next tried, and two leeches were applied to

the right temple; these bled freely, and in half an hour the convulsive twitchings gradually left the right side, but consciousness did not return; the muscles of the left side of the face became slightly convulsed, and the twitchings gradually extended to the whole of the left side; the extremities of the right side remained powerfully flexed, and could not be extended. The child was in this state at six o'clock, P. M., five hours from the commencement of the fit. It then occurred to Mr. Pin-cott to adopt the expedient which they had, not long since, found to produce such marked effects in a case of hydrophobia, namely, of applying ice along the back of the neck and spine, with a view of calming, by the sedative agency of cold, the irritable state of that portion of the cerebro-spinal axis which he rightly judged to be affected, the medulla oblongata and spinalis, and the happiest results followed. Ice was applied in an ox-gullet along the course of the spine, extending from the occiput to the sacrum. Immediately on its application the breathing became easier, the child sighed several times, the pulse fell rapidly, and in ten minutes the convulsions had entirely ceased. Consciousness was not immediately restored, but as soon as the convulsions were over, the child fell into a sound sleep. Next morning the child was quite conscious, but irritable; he was freely purged with a little calomel and jalap, and left the hospital quite well in the fourth day from his admission.

The result of this case was highly satisfactory, as affording a clear example of the good effects resulting from the sedative influence of cold. He would, however, impress upon them that an application thus made to the region of the irritated nervous centre was less likely to be useful, if the original irritant was not removed or diminished; and, therefore, it would not have been good practice to have applied the ice, unless the gums had been previously freely scarified, and means used to clear out the bowels. Of the value of leeching and the warm bath in the convulsions of children, he could not speak so favorably. He thought, as a general rule, depletion in convulsive affections was bad; it tended to impoverish the blood, and to render the system more susceptible to irritating influences; it was only admissible where there were decided indications of inflammatory action. The warm bath was a popular remedy, and was, he thought, almost always used empirically, and without any definite object. Sometimes it seemed to soothe the patient; at other times, and he thought more frequently, it either did no good at all, or did positive mischief, relaxing and increasing debility. It was, however, an expedient which now and then they might try, and even with benefit; and in such cases it possibly acted by soothing the external sentient surface, whence the calming influence was communicated to the centres.

It had been assumed in this case that the symptoms under which the child labored were the result only of a temporary irritation of the nervous centres. What evidence was there that the brain, medulla oblongata, or spinal cord, or their membranes, did not suffer from inflammatory disease, tubercular irritation, or other chronic affection? The evidence appeared to him to be derived mainly from the history of the case; the child had been in good health for several months up to the day of

his seizure; the seizure was perfectly sudden, and unaccompanied by any masked premonitory symptoms. After the first fit the child enjoyed a freedom from suffering for a little time, and then the convulsions recurred with the same suddenness as before; there was no great degree of febrile movement, nor heat of head, no vomiting, which was so frequent a symptom in children's head affections; and the speedy result of the treatment certainly confirmed this view, for it could not be supposed that, had actual disease existed, the child would have become convalescent so rapidly.—*London Lancet.*

SECALE CORNUTUM.

NOTWITHSTANDING this article has been in constant use for half a century, and, as a general remark, given with a view to its parturient action upon the uterus, still much contradictory testimony exists in relation to its effect upon the system, and the most judicious mode of exhibition. Many practitioners administer ergot very frequently, and, as they affirm, with the most certain and beneficial results; others are of opinion, from similar practical observations, that it exerts a most pernicious influence, both upon the mother and child—especially the latter; while another class deny any sensible action whatever upon the uterine system. Many intelligent accoucheurs, after repeated trials, have satisfied themselves that ergot exerts no ecbotic influence under any circumstances, and that it uniformly disappoints the expectations of the practitioner.

We are satisfied that this contradictory testimony arises from two circumstances. 1st. The employment of an inert preparation; 2d. Administering it in an improper form.

Ergot is an article which speedily loses its medicinal virtues—at least its ecbotic powers—by age, more especially if it is pulverized; hence, the indispensable necessity of obtaining a recent article, and carefully preserving it without pulverizing, and free from exposure to light and air, until the time of its administration. If these precautions are not attended to, disappointment will follow its administration.

In the next place, it is of equal importance to employ a proper pharmaceutical preparation. We presume that much error exists on this point. Prof. Hooker, of Yale College, ascertained that, by evaporating an ethereal tincture of ergot, a small quantity of thick oily substance, resembling fish oil, remained in the bottom of the vessel, and above this was a much larger amount of a light, reddish-brown oil, of a sweet, nauseous taste. This light oil was found to manifest *narcotic* and *sedative* properties, reducing the action of the pulse, and acting decidedly on the nervous system. When ergot is taken in substance, the narcotic with the ecbotic properties are received, and injurious effects may very readily happen, both to parent and child. If, however, we employ an infusion or decoction, the narcotic oil, being insoluble in water, will be left in the residuum, and only the parturient property of the medicine will be exhibited. If, therefore, recent ergot be prepared, by infusion or decoction, in the proportion of ʒ i. to ʒ iv. of water, and one or two ounces administered

at proper intervals, the practitioner will seldom be disappointed in his expectations.

This subject was brought to our mind by witnessing a case recently, in which the effects of *secale cornutum* were most signally displayed. A lady had been in labor five days; but, owing to inefficient uterine contraction, delivery was not effected. The case was complicated with hæmorrhage at the recurrence of each pain, which adding greatly to the exhaustion, speedy delivery became desirable. The os uteri was partly dilated, soft and yielding, and all the soft parts in a favorable condition for delivery. Under these circumstances, two ounces of the decoction of ergot were administered, and in fifteen minutes active contraction came on, which continued until the fœtus was expelled, which occurred just thirty-five minutes after the administration of the medicine. Thus a labor was terminated in thirty-five minutes, which, probably, might have lasted as many hours.

It is not improbable that one source of failure in administering the powder arises from the narcotic *counteracting* the ecbotic powers. The great sedation which is produced by the narcotic property of ergot, depressing the energies of the nervous and muscular systems, would, we apprehend, be quite sufficient to destroy, in many instances, the parturient action of the medicine. Consequently, injurious effects would certainly follow, proportioned to the amount administered, and the constitutional peculiarities of the patient.—*Western Lancet*.

EXTERNAL, OR SUPERFICIAL CARIES OF THE TEETH.

EXTERNAL caries differs considerably from internal caries, particularly in its origin and remote causes. Each will, therefore, require a separate consideration.

Although external caries may be slower in its progress than the other, it is not less certain of producing ultimate destruction, and I am inclined to consider it of more frequent occurrence than internal caries, and consequently a source of at least as serious apprehension. All the teeth are quite as liable to this variety of caries as they are to the other; but this not only extends its morbid action, like the former, to the crown, but also to the neck and roots of the teeth, whenever exposed to the ordinary causes of the disease.

Although all parts of the crown and of the body of the teeth are liable to this disease, yet it is most frequently observed to commence at those sides which are in contact with the neighboring teeth. It never affects the extreme ends of the roots, but is most frequently seen in them near the neck; and it generally attacks both the roots and the neck on those sides of the tooth which form the semi-circle or arch of the jaw. When it makes its first appearance on the surface of any part of the crown of the tooth which is covered with enamel, it generally presents itself as a very small speck; though sometimes as a large, round, or irregular spot. After the removal of this irregular, broad, or round spot of caries with the file, it will be generally observed to have

extended superficially only; and to have penetrated in this manner through a part or the whole of the enamel.

It will next exhibit on the surface of the bony structure a small spot, similar to that sometimes observed on the enamel; whence, in either case, it almost invariably proceeds in a direct line towards the cavity of the tooth. This spot appears in some cases not larger than a point, although it already may have penetrated a third, or even half of the bony structure of the affected side of the tooth. On such parts as are not covered with enamel, the neck and roots of the tooth for instance, the spot generally appears irregular, and extending across a considerable portion of the surface of the neck, having the appearance of a notch of an oblong form. The color of carious spots may be white, gray, yellow, brown, or black; the specific appearance being presumed to depend upon the chemical influence of the external fluids on the diseased parts.

Sometimes the disease of the crown penetrates very nearly to the lining membrane of the tooth, before the mortified bony structure becomes sufficiently soft to allow the escape of the diseased matter, so as to form a cavity; but this is more rarely the case in the roots or neck, which are generally of a softer and more easily corroded nature. This state greatly depends upon the different proportion of the animal and earthy constituents of the bony structure of the tooth; and also on the chemical state of the saliva, which is naturally much influenced by the state of the other teeth and parts of the mouth, as well as by the general state of health of the individual. As the carious matter increases in its corrosive qualities, and the affected part becomes softer, the disease causes a cavity in the crown of the tooth similar to that produced by internal caries; excepting that the cavity produced by the latter is generally large and round, whilst that produced by superficial caries is frequently narrow like a tube. When seated in the necks and roots of the teeth, caries rarely forms such a cavity; but extends itself on the surface, and becomes broad and more irregular in its progress; and sometimes in the neck of the tooth it has the appearance of undermining the enamel towards the crown, so as to form an oval or oblong cavity ending in a point at each extremity, such as might be cut into it artificially by a triangular file. After the disease has penetrated through the enamel, its progress and effects, as well as symptoms, are precisely like those of deep-seated caries.

It is subject to all the same general and local influences, with this difference, however, that such teeth as are affected by external caries being of a stronger original construction than such as are affected with deep-seated caries, they are acted upon more slowly than the latter; consequently, if we suppose that the diseased action of deep-seated caries requires from one to five years to penetrate through the bony structure of the tooth, and to destroy the life of its lining membrane, superficial caries may require from four to ten years: and the chemical destruction of a tooth, the death of which has been effected by the latter disease, will occupy a much longer time than that of the former. This kind of caries advances so slowly in an originally strong tooth, and extends itself so little on the surface, that its progress may appear to be altogether arrested.

Entire suspension of the malady, however, is impossible, as long as dead matter is allowed to remain in contact with the living structure ; although it may proceed so very slowly as to make its progress imperceptible for some time, it will, however, in the event, never fail to become evident on the accession of symptomatic inflammation, or of any other sufficient cause of irritation.—*Amer. Library of Dental Science.*

CASE OF RETROCEDENT MUMPS, WITH HEMIPLEGIA AND COMA—RECOVERY.

BY ALFRED HITCHCOCK, M.D., ASHBY, MASS.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. A——, æt. about 32, mother of two children, was attacked February 9th, 1842, with very violent precursory symptoms of parotitis. Severe pain in the head, bilious vomiting, and high inflammatory fever, continued for three days. Bloodletting, evacnants and diaphoretics, with strong sinapisms to the parotid glands, constituted the treatment.

13th.—Febrile symptoms all gone. Left parotid gland considerably swollen and tender. Sweet oil applied, and parts to be kept warm. Ordered diluents and mild diaphoretics.

18th.—Patient quite comfortable ; no pain or fever ; left parotid considerably more swollen, but rather less sore.

19th.—At 5 o'clock, A. M., was summoned in haste to see Mrs. A. She had been awakened suddenly by a frightful dream ; was greatly excited, and complained of excruciating distress in the head ; said "something had broke in her head;" vomited several times during the night ; the swelling of the parotid entirely gone ; surface of the body rather cool ; pulse 70 ; patient very restless ; mind gloomy. Gave cathartic ; applied strong sinapisms to glands and to extremities ; pediluvium, frictions, &c.

20th.—Patient passed a comfortable night ; free perspiration ; mind rather desponding ; expressed great anxiety about her children sick with scarlatina. At 4, P. M., patient much worse ; headache and restlessness increased ; mind wandering ; cool extremities ; partial coma ; answers in monosyllables ; frequent yawning ; complains of numbness of right arm ; pulse 55, rather weak ; pupils slightly dilated ; scalp cool. Gave ether, ammonia, wine, &c. ; blisters to parotids, to nuchæ, and Granville's lotion to epigastrium ; artificial heat to the extremities. At 11, P. M. coma more complete ; pulse 48, weaker ; surface cool ; right arm paralytic. Gave oil of turpentine in teaspoonful doses every ten minutes for one hour. Pulse rose to 60 ; surface became generally warm, and patient much more quiet.

23d.—Since the last date patient has had several convulsions ; right arm and leg have become paralytic ; nearly complete coma ; can be roused, and will give correct answers in monosyllables ; tendency to coldness of the surface ; pulse from 50 to 70, varying every hour ; bowels moved freely ; dejections involuntary ; gaping and yawning very frequent ; eyes normal ; no swelling of the parotids. During the last three days

patient has taken three grains of calomel every four or five hours ; morphine to control the bowels, and allay spasmodic symptoms ; scalp shaved and covered with blistering cerate ; ether, ammonia and wine when surface was cool. Several physicians have seen the patient in consultation. Prognosis unfavorable. The oldest of the consulting physicians said—" she would die in five days."

25th.—Patient remains much the same as at last date, excepting pulse increased in frequency. Insensible to blisters ; dejections still involuntary ; pulse 130, weak ; mouth sore, and mercurial fetor of the breath. Discontinue calomel. Gave ammonia, morphine, quinine and brandy.

26th.—Passed a comfortable night ; two dejections, dark and offensive, containing three lumbrici ; patient responded " good morning," asked her children some questions, moved the right arm ; pulse during the day from 130 to 140, very weak, and rather irregular ; pupils of both eyes respond to light ; conjunctiva of right eye highly injected. Gave quinine and brandy in large and frequent doses ; morphine if patient should be restless or show convulsive symptoms.

28th.—Patient rather more wakeful ; mind occasionally wandering ; both eyes very red ; blisters healing ; complains of sore mouth ; can move right arm and leg. Gave half an ounce of castor oil ; continue quinine and brandy ; gum Arabic tea for beverage.

March 2d.—Pulse 108 ; mind good ; mouth very sore ; is fully sensible of dejections. Gave half an ounce of castor oil, and continue quinine and brandy ; diet more nutritious.

3d.—Pulse 98 ; mind good. Continue treatment.

6th.—Patient convalescing. All the blistered surfaces have desquamated. Ordered mild laxatives occasionally ; continue vegetable bitters, and take morphine when indicated.

10th.—Patient has continued to improve in every respect ; tongue cleaned and mouth nearly well. Continue treatment.

24th.—Mrs. A. has been improving since our last date ; mind clear ; appetite and digestion good ; nervous and paralytic symptoms all gone. Discontinue attendance.

What was the pathological condition of the brain during the continuance of the paralysis and coma ?

May, 1842.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 15, 1842.

DEATH OF DR. OLIVER.

MEDICAL scholars, throughout the United States, must necessarily be familiar with the name and distinguished attainments of the late Daniel Oliver, M.D., LL.D., who died at Cambridge, Mass., on the first of June. He was a man of mild deportment, gentlemanly in his intercourse, and

remarkable for the purity and moral worth of his character. Dr. Oliver made no high pretensions—was never obtrusive, nor was he ever known to deviate from the upright course of a Christian physician. He entertained correct views of the object of life, and, in all his movements with the world, seemed to act under a deep feeling of responsibility to a higher Power. In the character of a teacher of medical science, he was regarded in the light of a sound, methodical philosopher, who reasoned from facts. A theory might entertain him, but until some tangible evidence of the truth of a proposition could be established, his understanding never readily assented to it. He was eminently correct in the chair: the students felt that they were guided by an honest man, who knew all that was known of the subject on which he discoursed. With indefatigable perseverance, authors of all epochs, and of all languages too, of estimation in literature, contributed to enlarge the boundaries of his knowledge, and thus to enhance the value of his lectures. There was no meteoric display of learning in the lecture-room—no attempt at brilliancy of expression or untimely throes of wit. A calm, dignified manner, that commanded both respect and silent attention, characterized the public exercises of the Professor. That quiet manner which marks the habitually thoughtful man—evidencing the power and majesty of a cultivated intellect—was strikingly manifested in the good man whose death is now deplored. He was not one of those inapproachable literary giants, who maintain an ascendancy over those less learned than himself, by keeping wholly out of sight. All who knew him, loved him, and he loved all who loved God.

To strangers, he sometimes had the appearance of coldness and reserve; but this should be attributed to his supposing that they could feel no particular interest in him, rather than to any want of kindness of heart or philanthropy. He was a man of erudition, delighting much in the perusal of the works of the Greek and Latin poets, philosophers and historians, in their original languages. Nor was his acquaintance less with German and French authors. He had an exquisite taste in music, and was a tolerably good performer on the piano. He delighted greatly in metaphysical speculations, and his views were characteristic of great acuteness and vigor of perception, subtlety of discrimination, and original and unexpected deductions. As a member of society, his dealings with others were dictated by justice, religion and humanity. To preserve the *mens sibi conscia recti* was his principal aim in all things, and though easily persuaded and yielding to the requests or persuasions of others, as to matters merely indifferent, in other cases, especially where honor or conscience was concerned, he was well known to be perfectly inflexible, and a striking example of the *justum et tenacem propositi virum*. A few days before his death, he assured a friend, sitting by his bed-side, that in his situation "he found the consolations of religion unspeakable."

Such were the prominent traits in the character of this excellent physician. Aside from a variety of scientific and literary productions of which he was the known author, his large work on physiology, widely circulated in this and other countries, will be a permanent record of his fame. The science of life was studied by Dr. Oliver with indefatigable industry. Life, however, was too short for the accomplishment of the many benevolent designs of such a mind. Conscious of the approach of death, he looked forward with the confidence of a Christian—believing that this was only the commencement of a never-ending existence.

* *Charitable Eye and Ear Infirmary.*—Since speaking of this Institution, in connection with another subject, last week, some interesting statistical observations were made in our hearing in regard to the manner in which it is likely to be sustained. For several years the Infirmary struggled against many adverse circumstances, which is the usual lot of all new things. People could not understand precisely the necessity for an establishment exclusively for managing diseases of the ear and eye. To one who was ignorant of the extensive diffusion of the blind over the northern States, it is not at all strange that a query should arise with respect to the expediency of the undertaking. However, the surgeons kept steadily to their purpose, undismayed by the neglect of those who should have been immediate patrons, until there was an influx of patients from all points, attracted to the metropolis by the growing reputation of the surgeons on whose fame the character of the charity rested. When the attention of the community became ultimately awakened to the claims of the Infirmary, a site was purchased for a hospital. That was no sooner organized, so that the blind could almost see that a fostering hand should be extended from some direction, than the Legislature made an appropriation of two thousand dollars per annum for five years; and at the expiration of the term, at the last session, it was humanely and generously continued for another five years to come. There is now a fund of ten thousand dollars, well invested—and wills enough made, we trust, in which the Infirmary is remembered, to place it eventually beyond the reach of want. If the hospital in Green street were frequently visited by the benevolently disposed, as it should be, and the happy results of various operations were rightly appreciated, it is quite certain that it would become a favorite object of regard. We are well persuaded that it will become, at a future day, a rich, as well as a permanently useful, institution, of which the citizens of Boston will be proud. A large stone edifice will probably take the place of the present wooden one, in which convenience, combined with elegance, should be united. This is not all: we have no doubt that this will be the northern school of ophthalmic surgery, from whence operators will spread themselves over the wide expanse of our common country, to bless the afflicted with the knowledge they may have acquired here.

The destiny of the Infirmary is evidently a much higher one than might be expected from its unpretending efforts in the beginning, or its unostentatious display at the present moment. Operative surgery will be differently practised within a very few years. Instead of doing some of everything, one surgeon will probably practise exclusively in one department, and another in another. The dentists are set apart in the right manner to insure a sort of mechanical perfection, which could not be attained if they also practised medicine, kept a druggist's shop, and splintered up broken limbs besides. A similar system is actually in the process of development in other branches of surgery. The oculists wisely meddle with little else than the eye, and hence the confidence reposed in them. When these sub-divisions are carried out still further, as they assuredly will be as the population of the country increases, greater adroitness and success in the use of instruments will follow. On this known and acknowledged principle of enlightened progression in any and all the arts, is based our predictions touching the Massachusetts Charitable Eye and Ear Infirmary.

Pharmacopœia.—Prefixed to the new edition by Messrs. Grigg & Elliot, is a short historical introduction. The Pharmacopœia of the United States was first published near the close of 1820, under the sanction of a national medical convention which assembled in the city of Washington on the first day of January. It was then resolved that a second convention should meet in 1830 in the same place, for the revision of the work. At that meeting it was decided that a third should be held on the first Monday in January, 1840, with a view to any further alterations or modifications which the onward march of time, and the revolutions and discoveries in science, might render expedient. In this historical memorandum are found the names of those who composed the last delegation. Massachusetts was without a representative, we are sorry to say. George B. Wood, M. D., of Philadelphia, was chairman of the committee of revision, and the individual, it appears, to whom the profession is indebted for this admirable national design. The question arises—can this be made the national standard in pharmaceutical preparations? Again, to what extent has it been adopted in the United States? These are questions that might be answered by those who have certain knowledge upon these points.

Sull' Ernie.—A new publication by Prof. Portal, of Palermo, printed at Naples, the present year, with the above title, came by a late arrival at this port. The Professor treats lucidly the subject of hernia, and illustrates the text by the narration of important cases which have fallen under his personal care. It would hardly be worth while to make a translation, as a large share of the treatise is made up of extensive quotations and comments upon the English and French surgeons. Very few, at the present day, who are ardently pursuing the routine of professional labor, have accomplished so much for the literary reputation of themselves or their country, as Prof. Portal.

Glass Syringes.—These are beautiful instruments, are always superior to metal, are less expensive, and more easily kept in a cleanly condition. Even the piston is made of glass, improper as it might at first appear. The glass blower will give any desirable shape to the pipe which may be proposed. The advantages of the glass syringes over pewter, block-tin, German silver, &c., need not be set forth, since the fact is obvious that the smooth surface alone, independent of other valuable properties, should give them universal preference.

Dr. Dix's Disclaimer.—TO THE EDITOR.—DEAR SIR,—Will you oblige me by publishing the enclosed letter, and with it a few words explanatory of the circumstances which called for it.

In February last I went to Springfield, at the request of a physician of that place, to perform operations for strabismus at a hospital under his charge. Soon after my return, a professional friend inquired of me if I had written, or caused to be published, a handbill of which he mentioned some of the particulars, and which he informed me had been laid before a meeting of a society in this city, with the understanding that it originated from me. I immediately addressed a letter to Springfield on the subject, and received, in addition to the reply of my correspondent, the following :

DR. DIX,—RESPECTED SIR—It is with feelings of deep regret that we learn that an attempt has been recently made to fasten upon you the authorship of the handbill which we issued at the suggestion of Dr. Jones, notifying this community of the time and object of your visiting this place; and we beg leave to state the following facts in the premises. Dr. Jones called at our office on or about the 11th of January, and informed us that you were expected to be in town on the second week in February for the purpose of operating for strabismus, and wished us to print a notice to that effect, but stated that he had not drawn up one, and as we were better acquainted with the usual style of handbills, said he would leave the arrangement of it to us. We accordingly prepared the handbill, depending upon Dr. Jones for the simple fact alone that you were the first to introduce this operation into the country. The language and arrangement of the bill is our own, and the term "celebrated oculist" is one of our own choice and selection. And the above statement we are prepared to repeat upon oath. With sentiments of much esteem we remain,

Yours very truly,

WOOD & RUPP, *Printers.*

Springfield, Feb. 26, 1842.

Having shown this to a few friends, I caused it to be read at the next meeting of the Society. I supposed that I had done sufficient to correct the impression. It has, however, been suggested to me, that a similar impression may have been made on the minds of some to whom my disclaimer could not have reached; and on obtaining yesterday a copy of the handbill (which I had never before seen), I was convinced of the necessity of making this statement for the information of some of my brethren at a distance, by whom I would not be suspected of such a professional impropriety, any more than by my immediate associates. It will be seen, also, that the handbill was not written by the physician alluded to above.

I would not be thought to imply, that I was ignorant of the fact that a public notice was to be given by the newspapers, or otherwise. This was fully understood and acceded to by me. I simply deny the authorship, or any knowledge of the advertisement which was made.

Boston, June 10th, 1842.

Yours, &c.

JOHN H. DIX.

A Hint to Magnetizers.—A peripatetic magnetizer, M. Laurent, accompanied by the well-known Mademoiselle Prudence, has recently met with a very untoward check at Lille. The young lady, whose eyes were covered by pieces of court plaster and a bandage, astonished the spectators by the facility with which she played at cards and dominoes. Some medical gentlemen present, on watching Miss Prudence rather closely, discovered that very slight motion sufficed to displace the bandage, and that the lady had anointed her eyelids previously with oil. The secret thus discovered was immediately applied in practice. A gentleman oiled his eyelids, put on the bandage, and was able to play at cards just as successfully as Miss Prudence. On this discovery being made public, M. Laurent and his pupil decamped from Lille, and have not been heard of since.—*Med. Intel. and Quar. Adv.*

Medical Miscellany.—Dr. Allen, of Middlebury, Vt., has concluded his able series of papers on the epidemic erysipielatous fever, which

would be creditable to him in the distinct form of a book.—C. R. Gilman, M.D., after the 13th of July, is to be the editor of the New York Medical Gazette, assisted by George Wilkes, M.D., and Robert Watts, Jr., M.D.; William A. Le Blanc being the publisher.—Dr. Burdell has republished the writings of the long-lived Lewis Carnaro.—Dr. J. R. Buchanan, of Louisville, Ky., is preparing a new work on *neurology*. Great discoveries, he says, have been made by him in phrenology or animal magnetism—it not being precisely known in which.—Mr. Sartain's drawing of the Friends' Asylum for the Insane, near Frankford, accompanying the 25th annual report, is a beautiful specimen of mezzotinto.—Dr. Mayo's suit for a libel, on Blair and Rives, at Washington, terminated in favor of the defendants.—Dr. Percival, of Connecticut, the far-famed poet, has completed a geological survey of that State, on which he has been laboriously engaged for the last five years.—M. Orfila has brought his researches on the absorption of mineral poisons, to a close. There may be detected in the liver and other viscera, lead, zinc, tin, gold, iodine and mercury, in cases where death resulted from their administration.—Sir C. Bell's body was critically examined after death, and it was ascertained that he had a disease of the heart, with considerable ossification.—Drs. Kittredge & Loring have opened a medical asylum at North Andover, Mass., for the reception of invalids.—Dr. David L. Mallison edits the Herald of Health, which is principally devoted to the dissemination of general medical intelligence.—The first Astley Cooper prize of £300 under the will of the late great English surgeon, will be on the thymus gland. The condition is—that the essays written for the prize shall contain original experiments and observations—to be written in English or Latin before the 1st of January, 1844, and addressed to the Physicians and Surgeons of Guy's Hospital, London.—The French Academy of Sciences have awarded to M. Tanquerel-des-Plances, a prize of 6000 francs for his work on diseases caused by lead; and another of 4000 to M. Amusat, for his researches on the introduction of air into the veins.—An institution for the blind has been well endowed, organized, and located in Louisville, Ky., which opened for the reception of pupils on the 9th of May. Dr. E. Jarvis is one of the Board of Visitors.—Dr. Detmold, a well-known orthopedic surgeon, of New York, has commenced a series of lectures at the College of Physicians and Surgeons.

MARRIED.—In Boston, Dr. A. M. McLauren, Surgeon in the U. S. A., to Miss E. E. Townsend.—In Baltimore, Dr. E. W. Theobald, of Lexington, Ky., to Fanny, daughter of N. R. Smith, M.D., of Baltimore.—At Woodlawn, Md., Heber Chase, M.D., of Philadelphia, to Miss Ellen Skinner.—At Philadelphia, John J. Appelbaugh, M.D., of Lewiston, Penn., to Miss M. M. King.—At Marblehead, Dr. Thomas S. Blood, of Fitchburg, to Miss Anna W., eldest daughter of Dr. Calvin Briggs, of M.

DIED.—At Cambridge, Daniel Oliver, M.D., LL.D., formerly professor at Dartmouth College, and late professor in the Medical College of Ohio, 54.

Number of deaths in Boston for the week ending June 11, 40.—Males, 21; Females, 19. Stillborn, 6. Of consumption, 6—dropsy on the brain, 1—debility, 2—measles, 1—scarlet fever, 6—palpitation of the heart, 1—dropsy, 2—marasmus, 2—inflammation of the bowels, 1—brain fever, 1—old age, 2—infantile, 4—croup, 1—lung fever, 4—inflammation of the lungs, 1—accidental, 2—child-bed, 1—delirium tremens, 1.

MAYNARD & NOYES,

IMPORTERS and wholesale dealers in drugs and medicines, surgical instruments, &c., No. 11 Merchants' Row, Boston. Physicians from the country may be sure of receiving from our establishment none but the best of medicines, on satisfactory terms, for cash or credit, and are invited to forward their orders.

Je 15.—lamly

TO PHYSICIANS AND APOTHECARIES.

DAVID F. BRADLEE & Co., wholesale and retail Chemists and Druggists, *Central Depot, No. 19 Cornhill*, near Washington street and Dock square, Boston, have selected and imported a very choice selection of Medicines and Chemicals from the well-known establishments of MANDER, WEAVER & MANDER, and others, of England; also all the valuable French and other foreign medical and chemical preparations; in addition to which, they have brought together all the superior American preparations, Magendie's and Dunglison's New Remedies, &c.—the whole including all the recent discoveries in medicine and chemistry from each section of the scientific world. They likewise keep constantly on hand, or supply to order, every variety of Surgical Instrument, &c. Dentists also supplied with superior specimens of all the articles used in their practice. Homœopathic Books and Medicines furnished to order.

N. B.—All orders addressed to D. F. B. & Co., as above, or to the publisher of this Journal, will be promptly answered, and every article furnished will be warranted to be as good and as cheap as can be had in this city.

David F. Bradlee, }
John W. Warren. }

Mh. 16—e3wly

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., President.

Al.27—tO

J. H. ARMSBY, M.D., Registrar.

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 28—eoply

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On tic douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. S. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; Iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

D. CLAPP, JR., *Publisher.*

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-foot, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.

WILLIAM D. BUCK, M.D.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

VACCINE VIRUS.

PHYSICIANS in any section of the United States can procure ten quills charged with PURE VACCINE VIRUS, by return mail, on addressing the Editor of the Boston Medical and Surgical Journal, enclosing one dollar, *post paid*, without which no letter will be taken from the post office.

June 19

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, *post paid*. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, JUNE 22, 1842.

No. 20.

MEDICAL STATISTICS OF THE U. S. SHIP CONSTELLATION, ON HER PRESENT VOYAGE.

[Communicated for the Boston Medical and Surgical Journal.]

As the medical statistics of our national ships, especially on voyages of circumnavigation, are somewhat of a desideratum, I hope that a concise history of the diseases affecting the crew of the United States Frigate Constellation, and the prophylactic measures adopted, may not prove uninteresting or useless.

A crew of 375 men, including officers, was received on board the Constellation, on the 26th of October, 1840, then moored off the Navy Yard, Boston:—Officers, 36; petty officers, 44; seamen, 122; ordinary seamen, 74; landsmen, 46; apprentices and boys, 24; marines, 29. When mustered, the crew presented the appearance of unusual physical energy and robust health. Such as were suspected of having feeble constitutions or special morbid predispositions, were subjected to a rigid medical scrutiny. Thirteen persons, thus surveyed, were condemned as unfit for the cruise, and transferred to the Columbus. We lay in Boston harbor through the inclement month of November, until December 9th, when we sailed for Rio de Janeiro. During the greater part of this time the weather was severely cold and stormy. In consequence of the incessant rain and sleet, the decks and apartments of the officers, the hammocks and bedding of the crew, were constantly damp, and as we did not enjoy the comfort of fires on board, the health of the officers and men was severely tried, nor did they fully recover until long after sailing. The thermometer, for many days, ranged between 20 and 30 degrees Fah.

From November 1st to December 9th, 85 cases were admitted to the sick-list, of which number 47 were cured, 13 condemned, and 25 remained under treatment at the time of sailing. More than half the cases were severe colds; the remainder were sore throats, rheumatisms and diarrhœas, caused by exposure in wet weather.

After sailing, in addition to the above causes of sickness, we experienced a gale of wind a few days out of port. Owing to some imperfection in the rudder coat, the quarters of the officers were flooded, and the ship generally rendered very uncomfortable. The battening down of the hatches caused a great difference of temperature between the apartments below and the gun and spar decks, and was a predisposing cause of sickness. We arrived at Rio de Janeiro on the 25th of January, 1841, after 46 days' passage. During the interval from the 9th of December to the 1st of February, 83 additional cases had been under

treatment, exclusive of 22 of slight injuries ; 46 were colds, and 21 parotitis. The colds were very obstinate, and did not begin to abate until we crossed the line, and disappeared soon after our arrival at Rio.

We remained in the harbor of Rio 42 days, through the month of February until March 8th. The crew were daily supplied with fresh beef, and permitted the free use of the following vegetables and tropical fruits, viz. : potatoes, onions, pumpkins, oranges, paltas, figs, bananas and mangoes, all others being entirely interdicted. At this season of the year, neither the fresh provisions nor the fruits were of good quality. 77 cases were added to the sick-list ; of which 42 were diarrhœas. Seven persons were condemned by medical survey and sent home. A seaman received a wound in a quarrel on shore, and died an hour afterwards from hæmorrhage, the axillary artery and vein having been divided.

Dr. Foltz, U. S. N., in his statistical account of the voyage of the Potomac around the world, says, "that ships of war remaining long in the harbor of Rio, usually have large sick-lists ; diarrhœas commonly prevail ; they are insidious in their approach, and frequently terminate in ulceration and a severe form of dysentery." Frequent cases of sarcocele cannot fail to attract the notice of a stranger in almost every street of Rio. Elephantiasis and framboësis are also very common among the slaves. The inguinal glands are extremely susceptible to indurations and enlargements difficult to resolve. Ships remaining many months on the east or west coast of South America rarely escape without numerous cases of these inguinal swellings, which, notwithstanding the most approved treatment, sedulously enforced, will suppurate, and produce obstinate indolent ulcers.

We anchored in Table Bay on the 4th of April. For a few days after sailing we had each day several cases of diarrhœa ; the sick-list does not otherwise require particular notice. The Potomac had 40 cases of dysentery during the same passage in 1831. During the latter part of April we sailed 60 miles to the northward, to Saldanha Bay, where the ship remained nearly three months, undergoing such repairs as would enable her to continue the cruise. This commodious harbor is now but little resorted to, on account of the difficulty of finding a sufficient supply of water of a good quality for a large shipping. Should this defect be obviated, it will eventually become known to the commercial world. The soil about the Bay is light and sandy, with a substratum of limestone or clay. It is strongly impregnated with the salts of potass and soda, fine salt-pans being formed in some of the adjacent places, by the evaporation of pools of fresh water. The consequence is, that all the fountains of water now open on the shores of the Bay, especially those of the residency, are strongly impregnated with nitre and salt, having a slightly brackish taste, and producing the effect of a gentle diuretic and purge. This water may be used with impunity by the crews of vessels lying in Saldanha Bay, but is unsuitable for taking to sea. A tank of this water was kept on board the Boston until our arrival at Quallah Battoo, when it was served out to the crew, producing diarrhœa in one or two cases, and in a great number of instances having the full effect of a saline cathartic. After a fair trial, the use of the water of the resi-

dency was discontinued on board the ship while we were at Saldanha Bay, and supplies obtained from Cape Town.

The *aloe spicata* is seen covering the fields in the vicinity of Cape Town. The *disasma crenata*, known by the Hottentot name of buchu, is also a native of the Cape. There are several other medicinal plants greatly prized in domestic use by the Hottentots and Dutch Boors. There is one, which passes under the popular name of "*bush tea*," the infusion of which is an excellent tonic, having a taste resembling the *salvia officinalis*.

The climate fluctuates between the extremes of rain and drought. From May to August the rain falls abundantly, the prevailing winds being from the north and north-west. The mountain tops were covered with snow during some days of July, producing a singular contrast with the verdure of the plains. The soil is cultivated during this season (the winter), depending on the periodical rains, it being impossible to resort to irrigation to any extent except in the vicinity of Table Mountain. During the summer months the clayey soil is completely baked, so as to be absolutely impenetrable to instruments of tillage, but when the rains fall, the transition from sterility to exuberant vegetation is like the work of enchantment, presenting all the difference between life and death.

The mean temperature is 68 degrees. In clear weather the dews at Saldanha Bay were exceedingly heavy, but I am induced to suppose that the contrary is the case in the interior, as a residence there is highly recommended for pulmonary affections. Numerous invalids from India resort here, Cape Town being one of the prescribed places for those travelling on sick certificate, few invalids in the Company's service being allowed to resort to places farther to the westward. The climate is favorable to longevity. The bills of mortality exhibit the diseases to be met with in the corresponding northern latitudes (34 degrees), except the malignant diseases of the tropics.

Our number of admissions to the sick-list during the month of May was 85, giving an average of nearly three daily. The daily number of the sick-list shows an average of 24. During the months of June and July the number of admissions was reduced to 70—the daily list averaging 20. The hardest sailors were unable to withstand exposure to the evening dew, suffering in almost every instance from colds and rheumatisms. During the three above-named months, there were 27 cases of diarrhoea and dysentery. Some of these, as well as many slight cases which did not come under the special cognizance of the surgeon, are to be referred to the use of the water of the residency. Furunculi were very prevalent and sometimes very severe. A case of deep-seated abscess of the posterior hypochondriac region was greatly aggravated, and eventually transferred to the lungs. Two cases of chronic bronchitis were also greatly aggravated, and two cases of phthisis pulmonalis developed, one of which was ushered in by hæmoptysis. Several times a week fresh beef and vegetables, and occasionally fruit, were supplied to the crew. The bullocks were in good condition, but from some cause the meat was not juicy. The vegetables were found to be greatly deficient in saccharine matter. Two officers returned to

the United States invalided; two of the crew were also condemned by medical survey, and sent home.

During the month of June a general order was issued to the crew to supply themselves with flannel shirts or monkey jackets fitting the body loosely, to be worn over or in lieu of the usual linen frock. A belt of the same material was directed to be worn around the loins. The Commissariat judiciously procured flannel of a substantial fabric, resembling pilot cloth, which was furnished to the crew for this purpose. This regulation was not fully carried into effect until our departure from Cape Town, on the 31st of July. The men were thenceforward directed to muster clad according to the order. This excellent plan had been previously adopted on board the *Boston*, with the effect of reducing the sick-list one half. The experiment has now been carried out fully for six months, reducing the sick-list from 56 admissions, the average monthly proportion of the previous nine months, to 33, or nearly one half. In making this estimate, cases of wounds, injuries and biles are excluded.

Leaving Cape Town on the 31st of July, we doubled the Cape of Good Hope, passed through Mozambique channel with light airs and a clear sky, and anchored at Johanna after a passage of 28 days. Forty cases had come under treatment during the month of August.

We remained in port 11 days, and had 23 cases of sickness, of which 11 were diarrhoeas and 9 injuries. The climate of Johanna is delightful. For the last 40 years it has been a favorite resort of ships to procure refreshments and recruit their invalids. The most obstinate cases of scurvy are said to yield, without medicinal treatment, in a surprisingly short space of time. The crew were furnished with fresh beef of excellent quality, and not restricted in the use of fruits. The ship here filled up with some of the best water I ever tasted, which is most conveniently situated for shipping. Our short stay at Johanna had a most excellent effect upon the health of the crew, and no doubt contributed in a great measure to save us from disease while prosecuting our cruise off the unhealthy coast of Sumatra.

Trade winds and currents conspired to give us a speedy and delightful passage to the coast of Sumatra in 23 days. We run for 11 days nearly on a parallel one degree south latitude. During the passage 30 cases were under medical treatment. I regret to mention that the first fatal case occurred in the death of Mr. John C. Richardson, midshipman, of fever. Many of our merchant ships, and our men of war without exception, have suffered from fevers, diarrhoea or dysentery, on the coast of Sumatra. The sick-list of the *Potomac* frigate, after remaining 12 days at Quallah Battoo, "from 3 had swelled to 57; 52 cases of complaints of the bowels and 12 cases of bilious fever were reported within a month." I am not able to state the precise number of the sick-list of the *Columbia*. I know that she suffered severely during this and the subsequent portion of her cruise. Our ship's crew were never more healthy than during the time we lay off Quallah Battoo, and our subsequent cruise along the coast, through the Straits of Malacca to Singapore. We remained at Quallah Battoo eight days, and had 7 cases of sickness. Ten additional cases of diarrhoea were admitted within four

days after sailing. The subsequent sickness of the month of October was trifling. Several of the cases of diarrhœa were under treatment 13 days, the others were discharged in a shorter period. Of the 10 persons thus affected, 5 were attached to boats. I am not aware that our escape from sickness is to be attributed to our coming upon the coast in a season especially favorable. We were at Quallah Battoo in October, the Columbia in December, and the Potomac in February. Several other circumstances are to be considered. The Constellation did not engage in any hostile attack on shore, as did the Columbia and Potomac, but the crew were equally exposed to the intense heat in watering the ship. The latter were new ships salted, which, from their attraction for moisture, are proverbially unhealthy. The Potomac and Columbia had long passages previous to visiting the Sumatra coast. We had touched at intermediate ports, and since leaving Rio had not continued at sea more than 28 days. The provisions of the Columbia, the very best which could be obtained at Bombay, were so bad as to be hardly eatable, and of course greatly deficient in nutriment. By judicious arrangements of our Commissariat, our provisions have been of the very best quality: the bread has been preserved from worms and weevil; and short passages have given frequent opportunities of recruiting the crew with fresh provisions and vegetables. The Columbia, on account of the long passage of 80 days from Rio to Muscat, was necessarily on short allowance of water. Our crew have never been put upon allowance at all. And here I cannot but recur again with pleasure to our touching at Johanna, believing, as I do, that the abundant supply of excellent water had an important influence on the health of the ship. The crew of the Constellation have not, therefore, been exposed to the usual debilitating causes, and have in consequence preserved that condition of robust health which is best capable of resisting disease in unhealthy climates.

Some points in the medical police of the ship are worthy of notice. In cleansing the deck, dry holy stones have alone been used. White-wash has hitherto been employed scantily, a departure from the usual routine, which has had, I believe, an important effect in preventing dampness in the lower part of the ship. In order to keep up the action of the surface, in addition to the use of flannel as above mentioned, strict measures have been adopted, at sea and in port, to prevent the practice of sleeping in currents of air. To guard against the deleterious effects of land breezes from marshy grounds, as well as to preserve an equable temperature, the awnings were tented at night, and the ports shut in close. The variation of temperature during the night was thus obviated. The mean of the temperature during the night on the gun-deck at Singapore, has been 82 degrees Fah.

During the year ending October, 1841, 727 cases have been admitted to the sick-list, proportioned among the different grades as follows:—Officers, 116; petty officers, 58; seamen, 221; ordinary seamen, 146; landsmen, 88; boys, 37; marines, 63. 275 persons, or about three fourths of the crew, have been sick—the proportion among the different grades being as follows:—All the officers; four fifths of the ordinary

seamen ; two thirds of the seamen, petty officers and boys ; three fifths of the landsmen ; nine tenths of the marines.

It will be observed that the ordinary seamen and marines present a larger proportion of sick than any other class. The ordinary seamen are generally detailed for boat duty, and have been exposed more frequently to wet clothes. Some circumstances rendered the duties of the marines at one time unusually arduous. By the reduced schedule, recently adopted, but 21 privates were allowed this frigate, which has been found altogether insufficient to meet the usual demands upon the guard without taxing them beyond their physical endurance. I am informed by the marine officer, that while at Rio the attempt was made to keep up the number of posts usually deemed indispensable, and the quarter-deck parade. The consequence was, that from January 25th to February 6th, while the experiment was pending in the harbor of Rio, the number of marines upon the list was constantly increasing, varying from 2 to 6—imposing the duties of the seven posts upon the 14 (more or less), who remained well. It was found necessary, therefore, to reduce the number of posts from 7 to 4, withdrawing all sentinels from the spar deck, and dispensing with the quarter-deck parade, the officer of the deck having a standing order to apologize to visitors entitled to a guard for this omission in their reception.

The diseases affecting the crew have been as follows:—Abscess, 7 ; asthma, 5 ; anasarca, 1 ; bunion, 1 ; catarrhs and colds, 153 ; constipation, 21 ; colic, 8 ; caries of jaw, 1 ; cutaneous diseases, 10 ; cholera morbus, 1 ; dentalgia, 3 ; mania a potu, 1 ; dyspepsia, 2 ; diarrhœa, 115 ; dysentery, 13 ; debility, 1 ; epilepsy, 4 ; ear, ulcer of, 2 ; erysipelas, 2 ; fever, remittent, 2 ; do., intermittent, 12 ; fistula in ano, 1 ; furunculi, 28 ; fracture of leg, 1 ; gastric irritation, 16 ; heart, disease of, 1 ; hernia, 4 ; headache and neuralgia, 29 ; hæmorrhoids, 8 ; hæmoptysis, 1 ; inflammation of brain, 1 ; do. bladder, 2 ; do. chest, 9 ; do. conjunctiva, 6 ; do. cornea, 1 ; do. face, 3 ; do. kidney, 1 ; injuries and wounds, 105 ; lumbago, 1 ; neuralgia of scalp, 1 ; nodes, 1 ; otalgia, 2 ; parotitis, 21 ; pain, rheumatic, of chest and side, 30 ; phthisis pulmonalis, 1 ; rheumatism, 62 ; retention of urine, 3 ; stricture of urethra, 3 ; sciatica, 1 ; tonsillitis, 1 ; varicose veins, 1 ; venereal of all kinds, 6 ; ulcers, 7 ; whitlow, 2.

Colds, diarrhœas and dysenteries, rheumatisms and injuries, constitute nearly two thirds of this number. As has been before remarked, the colds have been very obstinate ; the diarrhœas have generally occurred in port, many of them being a simple and salutary purging incident to a change from salt provisions to fresh beef, fruit and vegetables. There have been but two cases of acute rheumatism with fever ; nor any serious injuries or wounds. One case of fever proved fatal, as did eventually a case of abscess of lungs.

Nearly three months have elapsed since the time included within the above details, during the greater part of which we have been lying in the harbor of Singapore. From the time of our arrival the sick-list continued to decrease, until but 5 were reported daily. Forty-eight hours liberty on shore was then granted the crew, in several detachments, with

the effect of swelling the sick-list to an average of 16 daily, the bulk of the diseases being attributed to intemperance and other excesses committed while on shore.

The statistics of our consort, the Boston, show the same exemption from sickness, and substantially the same diseases, as our own.

*U. S. Ship Constellation, Singapore
Roads, Jan. 18th, 1842.*

J. H. WRIGHT,
Ass't. Surg. U. S. Navy.

OBSERVATIONS ON INFLUENZA.

[THE following communication from a venerable and respected correspondent was received a year ago. It was mislaid at the time and forgotten—and having recently again come to light, we give it an insertion, with an expression of regret at the occurrence of such apparent neglect.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—It is now twenty-six years since my inquiry or treatise on the winter epidemic, viz., influenza, spotted fever, &c., was published; and eighteen years since my remarks on the autumnal epidemics, viz., bilious fever, dysentery, &c., were published. I have thought that some further remarks on these diseases might, at this time, be useful; more particularly as many appearances described in those publications were not at that time well understood, or but little known or attended to, viz., congestion in the veins and sinuses of the brain; deposition of lymph on its membranes, and effusion of blood and serum in different parts of this organ, &c.; spots and eruptions in the serous membrane, as well as on the skin externally; excoriation and sloughing of the mucous membrane of the mouth, stomach, lungs, &c.; consolidation or hepatization of the lungs, &c.; inflammation of the mucous membrane, and a minute sloughing of that membrane in the mouth, stomach, bowels, lungs, &c.; sinking fits; ulceration of the mucous membrane of the stomach and bowels, the ulcers occasionally affecting most of the coats of the bowels; hæmorrhage from the bowels, &c.; inflammation of the serous membrane, and of the abdominal muscles, the abdomen tense, and the bowels drawn in towards the back, &c.

Influenza has prevailed in North America in A. D. 1733, 1737, 1747, 1757, 1761, 1772, 1781, 1789, 1790, 1807, 1815, 1822, 1831, 1837, 1841. In all the above years, as far as I have been able to ascertain, the weather has been remarkably variable. (See Inquiry into the nature and treatment of Spotted Fever, page 46—60.) The two last months of 1840, and the four last of 1841, have been variable; the atmosphere has been unusually damp, the winter warm, and the spring unusually cold and backward. The number of fair days to the present time (April 30, 1841), is 91; and the number of foul days, viz., cloudy, rainy and snowy, is 90; the number of dry days, 91; the number of wet days, 54. The average number of foul days for these months, viz., cloudy, rainy and snowy, from a calculation for 11 years, is 67; the number of wet days, 48; the number of cloudy days, 19; and the number of dry

days, 114. So there is a deficiency of fair weather of 23 days, and an excess of foul weather of 23 days. The changes of temperature, though considerable, have not been so remarkable. In November there was a variation of temperature in 24 hours of 30 degrees; in December, of 29; in January, of 40; in February, of 43; in March, of 40; and in April of 35. The average variation of temperature for these months, as taken from the table above mentioned, for November, is 23; December, 23; January, 35; February, 35; March, 36; April, 34. So there is an excess in the variation of temperature, in November, of 7; in December, of 6; in January, of 5; in February, of 8; in March, of 4; and in April, of 1 degree. But what, together with the excess of wet and moisture, has greatly increased the effect of the changes of temperature, is the prevalence of the north-easterly wind—and a corresponding deficiency of the north-westerly wind. In November the wind was from the N. West 13 days, and N. East 13 days; in December, N. West 14 days, and N. East 6 days; in January, N. West 10 days, and N. East 10 days; in February, N. West 11 days, and N. East 9 days; in March, N. West 11 days, and N. East 11 days; and in April, N. West 7 days, and N. East 11 days. As will appear from the above statement, the wind was from the N. West but 66 days for six months, and from the N. East 60; while the average number of days in which the wind is from the N. West during these months is 92, and the average number in which it is from the N. East is but 19.

Dr. Henry Holland, in his medical remarks on the weather, makes many useful observations.—(See Holland's Notes on Influenza, page 118, line 16.) "It is a disease which has appeared and spread at different seasons, in the middle of summer as well as in the depth of winter, which has been found to traverse whole continents, continuing this course through many successive months, which affects contiguous places in different degrees at different times, which frequently continues in the same place for several weeks or months, under every appreciable variety of atmospheric state."

If we consider influenza to depend on atmospheric changes, such as great sudden and frequent changes of temperature, heavy rains, dense fogs, the electrical state of the air, sudden fluctuations as respects the pressure of the air, &c., hazy and damp weather, &c., why may it not prevail in summer or autumn, just as likely as in winter? The system has a power inherent to resist changes of temperature and other hurtful causes to a certain degree, which is sometimes more and at other times less; consequently a single change of temperature does not often debilitate the capillary system so far as to produce serious disease; but in general it requires a series of changes to reduce the inherent energy of the capillary system, and thereby prepare the population of a place for an epidemic. Though influenza is more uniform in its operation than most other diseases, and often spreads more rapidly, yet all inquiry into the subject shows that places in the same vicinity vary considerably in temperature; which may be occasioned by their greater or less elevation, on their having a northern or southern declivity, or being more or less exposed to a strong current of air, fog; or having a dry soil, or a

soil that is moist and steaming. The system, when reduced and enervated, does not immediately recover its tone; consequently a disease may continue under the operation of a cause less powerful than the one which produced it; yet in certain circumstances, after a long time, the system becomes acclimated, or acquires a power of resisting certain hurtful causes which it did not before possess.—(See Holland's Remarks, page 121, line 4.) "Recurring to a former period of influenza which spread over England in 1782, during April and May; had been noticed in the East Indies during 1781; had prevailed in Russia from December to February; and did not reach Italy and Spain till the autumn of 1782. It is impossible to look fairly at these circumstances and not see that the known conditions of the atmosphere, as we estimate them by our instruments, are inadequate to their explanation. Perhaps the more than common prevalence of easterly winds, with a hazy atmosphere, and dense fogs, during the season of these epidemics, are the facts most favorable to the hypothesis in question. The latter circumstance has been noticed at many different periods of their occurrence; and though correct observations are much wanting, something may be assigned to the electrical state of the air, manifestly disturbed during some of these periods of their occurrence; and possibly becoming in this disturbance the cause of the phenomena just noticed. Still these causes are too partial, and too often occurring without like concomitant effects, to justify the belief that they act as direct causes of the disease. The most summary statement of the argument, then, is this—that obvious conditions of the weather being the same in a certain number of places, the disease appears in them at very different times, or in some not at all; and, secondly, that it occurs in various places, or in different years at the same place, under states of season and weather wholly opposite to each other."

Great and long-continued changes of temperature do most usually ultimately pervade a whole continent, but not in the same degree; yet their operation is by no means equal, especially over a large extent of continent, as Europe, divided by seas, mountains, &c. Even places in the same vicinity are very unequally affected by the same change of temperature, as may be observed after our early frosts. One field of corn may at such times be killed, and another shall remain perfectly green and growing; or even in the same field a part may be killed, and a part not at all injured. Likewise we know that storms, fogs, &c., operate very unequally. Epidemics have usually spread from North to South; and that Russia and England should suffer an attack from influenza some months before Spain and Italy, is just what we should suppose, provided that the changes of temperature, &c., were the cause. Russia and England being cold and in general damp countries, abounding with swamps, fens, marshes, stagnant waters, &c., the constitution would be sooner reduced, and the capillary system sooner enervated, than in the warm, dry, and airy country of Spain. Besides, the sea and mountains of Spain must tend to ameliorate its climate. The country is of course airy, the soil dry, its climate warm. Influenza may occur in warm or cold, wet or dry weather; but a continuation of the same kind of weather is most usually healthy. Our author doubts whether

vomiting, which often happens to persons when they ascend high mountains, is to be attributed to the height to which they have ascended, the diminished pressure of the air, &c., but rather to the fatigue which they have suffered in ascending, &c. In confirmation of which he mentions a Mr. Green, who, he says, is a bold aeronaut, 'having ascended in balloons with more than 400 persons. He mentioned to me expressly,' says Dr. Holland, "that in no instance have his companions experienced vertigo or sickness; thus rendering doubtful one of the statements current on this subject, viz., vomiting, and showing how little the two great functions of circulation and respiration are affected under circumstances where such effect might be anticipated. Or if we need explanation of that singular sense of fatigue in the limbs which is alleged to occur when walking in elevated regions, even without the toil of ascent, we may perhaps find it in a suggestion of Humboldt; he conjectures that this sensation may depend on the mechanism of the joints and equipoise of the bones being disturbed by the low atmospheric pressure. The above has been confirmed by experiments made on the hip-joint, after the two bones had been detached by cutting the capsular membrane through, which show that the pressure of the air will retain the head of the thigh bone firmly in its socket, from which it sinks down when the air is artificially rarefied beneath."

So Dr. Holland infers that the vomiting, &c., to which those who ascend high mountains are subject, is not caused by any alteration in their relative situation as regards the pressure of the air, &c., but is to be attributed to the fatigue which they have undergone in ascending. But is vomiting a common occurrence as a consequence of fatigue? The ascent of high mountains and the ascent in balloons, are they parallel cases? In the ascent of a mountain, if its altitude is five miles, the atmospheric pressure will be greatly diminished—say two thirds or nearly; while the attraction of gravitation will be about the same as in any other place on the surface of the earth. In the balloon, the person, we will suppose, is distant from the surface of the earth five miles; on the mountain, he is in immediate contact with the earth. So the cases are dissimilar in one very material circumstance. In the balloon the atmospheric pressure and attraction of gravitation are in equilibrio, or very nearly so; so that there is nothing very materially to disturb the two great functions of circulation and respiration. But on the mountain, the balance between the atmospheric pressure and the attraction of gravitation is materially disturbed—the latter overpowering the former. The pressure of fluids is said to be equal in all directions; consequently, as the limb is drawn from the socket when the atmospheric pressure is greatly diminished, the attraction of gravitation remaining the same or nearly so, we infer that when the balance between these powers, viz. the attraction of gravitation and atmospheric pressure, is greatly disturbed, the blood will be powerfully attracted towards the lower extremities; consequently there will be a deficiency of blood in the brain, and congestion in the lower extremities. The pressure of the air being diminished, there will be distention of the surface of the body, and particularly of the lower extremities; hence their unwieldy, debilitated state; at

the same time there being a deficiency of blood in the brain, dizziness, vomiting, &c., will occur. As, for example, when we have long held the head down, there will be a fulness of blood in the vessels of the head; but if we rise suddenly, there will be a relative deficiency of blood in the head; of consequence we become dizzy, faint, &c., and may vomit.

How far the fluctuations of atmospheric pressure may add to the causes which have been named in the production of disease, it is at this time difficult to say; but after long observation, I have ever thought that the people who live in vallies are not affected so much by the changes of temperature as we should be inclined to believe they would be. These changes in such places are generally greater than on the hills and mountains; but not always so. May not strong atmospheric pressure on the surface of the body and in the lungs, prevent a diminution of temperature, and thereby arrest disease? and the reverse? Doubtless influenza may be considered as a species of catarrh; and who doubts that exposure to wet, cold, &c. will produce catarrh? Yet the idea of contagion, a poisoned atmosphere, &c., has greatly perplexed the study of epidemics. How much poison there may be in the air, or how much contagion, I cannot say. It is an important rule in every reasoning process, to assign no more causes for any result than are sufficient for a clear explanation; and where a variety of causes may exist, it would seem that those most apparent and consistent should be preferred.

Franklin, N. H.

[To be continued.]

JOB WILSON.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 22, 1842.

ORGANIC CHEMISTRY AND PHYSIOLOGY.

By letters from England we understand that the new work of Professor Liebig on Organic Chemistry and Physiology, the appearance of which is looked for with great interest, had not been published so late as the 14th of May. The work has been translated by Professor Gregory, the intimate friend of the author, and under whose care it is printing in England. In a recent letter to Professor Webster, who has been requested by the author to superintend the publication in this country, Dr. Gregory expresses himself as follows:—"In my opinion, this work will mark the commencement of a new era in physiology. In translating it, I have experienced the highest admiration of the profound sagacity which has enabled Liebig to erect so very beautiful a structure on the foundation of facts, which others had allowed to remain for so long utterly useless, and of the logical structure and extreme cogency of his arguments. There is hardly a point in physiology accessible to chemistry (I mean, of course, those on which experiments have been actually made) on which he has not, by the mere force of his intellect, thrown the

brightest light. In short, we now feel that physiology has entered on the true path, and the results, before long, will, I prophesy, be altogether astonishing."

The delay in the publication has been caused by new experiments, the results of which the author is desirous of having introduced, and the necessity of cancelling several pages which the later researches of Liebig have rendered necessary. The American edition, edited by Professor Webster, will comprise all the corrections and additions, which are most important, from Professor Liebig's letters, and those of Dr. Gregory, and will appear simultaneously with the English edition.

Third Book of Natural History.—Messrs. Turner & Fisher, of Philadelphia, are publishing a series of small books on natural history, expressly prepared for the use of schools and colleges. Foreign as they are from the ordinary topics of consideration with us in this Journal, they are the production of a professional gentleman, with whom we have the pleasure of a limited acquaintance, W. S. W. Ruschenberger, M.D., a surgeon of the U. S. Navy; and no apology, therefore, is deemed necessary for speaking of the enterprise, since the labors of medical men, in any useful department of human knowledge, come fairly within the scope of our consideration.

Without intending to undervalue the third book, *on ornithology*, the last issued, we cannot view it as being equal to those which have preceded it. There is too much technology—too many hard words for the common school, at the expense of those facts illustrative of the habits and instincts of birds, which would deeply interest, instruct and enlarge the active mind of a child. On the other hand, it is vastly below what it should be for a class of collegiate students. For children it should have been more simple; and for undergraduates, more copious and elevated. Not being precisely adapted to the condition of either, it is to be feared that the book will have no permanent hold upon the public.

But it should perhaps be borne in recollection, that Dr. Ruschenberger has put into English the text of Milne Edwards and Achille Comte, from the French, and therefore it is essentially a translation, and not an original effort. Had Dr. Ruschenberger struck out a course for himself, without any regard to those authors, we apprehend that he would have very much excelled them. In no country have simple school books been more admirably devised than in the United States. This, we believe, is acknowledged in England. There is a native tact here that is exceedingly admired. In teaching the elements of science, *things* should be taught instead of *terms*. It is one of the mistakes of the age, which time and experience will ultimately correct, to make these juvenile treatises too learned for those for whom they are especially designed—learned, if long Greek and Latin names, unconnected with ideas, constitute learning.

Viewing with increased satisfaction the progress of this particular class of authors, who write for youth, we speak freely of their mistakes, not to discourage any one, but merely to intimate the importance of exerting themselves to impart ideas in the simplest systematic manner. Dr. Ruschenberger has a fine field before him, which no one can contemplate without wishing him success, equal to his scientific and literary merits.

Anatomist's Vade Mecum.—Anatomical students will be gratified to learn that a book so exceedingly valuable to them, is shortly to appear, with over one hundred and fifty illustrations, with notes by an American editor. Erasmus Wilson, the author, is without a competitor in elementary anatomy. When all Mr. Robert Druitt's unrivalled professional guides are re-published in the United States, which are loudly called for, we shall be in possession of some of the best treatises that have been published in England.

Tying the Spermatic Artery.—Dr. Winslow Lewis, of this city, tied the spermatic artery on the left side, the other day, with a hope that it might prevent nocturnal emissions in a young man who was almost driven to insanity by their frequency and copiousness. It should be remembered that the foundation of the evil for which the operation may possibly be a remedy, was laid by the habit of excessive masturbation, commenced in early life. The patient had previously attempted to secure the artery himself. At one time he thought of being emasculated; but because he entertained an idea that strength and vigor of intellect depended upon the re-absorption and diffusion of the seminal fluid in the brain, he concluded to try some other scheme to save the organs. Suffice it to say, thus far, since the ligature was placed upon the spermatic artery, there has been no return of the emissions. Dr. Lewis promises to furnish the subsequent history of the case.

It is well known, in respect to overcoming seminal debility induced by long-continued self-pollution, that physicians have always found it an extremely difficult affair to restore the patient to sound health. We had an interview with a young gentleman, within a few months, who, we ascertained to our own satisfaction, was suffering from the effects of this habit, and who had consulted a host of medical gentlemen, had taken a variety of preparations, visited springs hither and thither, and all without any benefit whatever. Those who are in his condition will doubtless watch with considerable interest the result of tying the spermatic artery.

Private Medical Instruction at Hanover, N. H.—On account of the increased number of private pupils, the Faculty of Medicine at Dartmouth College have concluded to give a systematic course of instruction. To meet the circumstances of those who may not find it convenient to remain two full years, which would be desirable, students are received for the limited period of three months. Hanover is a delightful town, in which are found all the advantages to be derived from cultivated society, and the instruction of men distinguished for their intellectual, literary and scientific attainments. A city student would enjoy a residence there of three months through the approaching heat of summer. He would certainly have books also, with daily recitations, &c., while breathing an uncontaminated atmosphere, which is something more than he is sure of in town through July and August.

Castleton Medical College.—At a meeting of the students of Castleton Medical College, held on the 3d inst., Mr. Z. W. Joslin, of New York, was called to the chair, and Mr. Alfred Rice, of New York, appointed Secretary. The object of the meeting having been stated, it was Re-

solved that the chairman appoint a committee of seven to draft such resolutions as, in their opinion, best express the sentiments of the class in relation to the present condition and future prospects of the Institution. Whereupon the following gentlemen were appointed, viz.: Messrs. H. G. Darling, of Massachusetts; D. E. Page, of Vermont; Charles Warren, of N. Hampshire; E. D. Hall, of Vermont; B. Babcock, M. D., of New York; Lucius Hannahs, of New York, and G. F. Newell, of L. Canada.

On the sixth instant the committee reported as follows:

Resolved, That in view of the recent condition of this College, a sense of gratitude, as well as of justice, impels us to give the public a statement of its present condition and future prospects. The public are already aware that the Castleton Medical College, late the Vermont Academy of Medicine, was reorganized last spring by the election of able men to fill the respective chairs. In discharge of their duty, the officers of the Institution made a general announcement of the facilities they should be enabled to afford students, in the prosecution of their studies. That announcement is before the public, and its reception may be known from the fact, that notwithstanding the adverse circumstances under which they commenced, the present class number about 70 students, many of whom have attended lectures at other schools, and all of whom honestly declare, that instead of being deceived by the announcement, their anticipations have been more than realized.

We feel authorized in saying, that the advantages for acquiring knowledge of medical science in this College, are unsurpassed by any in the country, and that from our personal acquaintance with the faculty, and the permanency given to the institution by the residence here of three of the professors, and by the purchase for the College of the extensive museum of the professor of anatomy, the public may rely upon every pledge given in the circular being faithfully redeemed.

The class being aware that the impression that a modification of Brunonianism *has been* taught here in theory and practice, is somewhat prevalent among medical men, are happy to assure them, that such is not *now* the case, as the well known pathological views of the professor in that department afford a sure guarantee. We deem it unnecessary to enumerate the numerous advantages presented by this College to the student, inasmuch as these advantages are stated in the Circular; and feeling confident that a plain unvarnished statement of facts coming from persons disinterested, cannot fail to influence those in pursuit of medical knowledge. The report was unanimously accepted, and it was

Resolved, That the faculty be requested to publish this statement in their annual circular, and make such other disposition of it as they may deem proper.

Medical Appointments in the Navy.—The following-named gentlemen have been examined and found qualified to discharge the duties of Assistant Surgeons in the Navy, and classed according to their relative merits, as follows:—No. 1. William S. Bishop, of Pennsylvania. 2. Samuel M. Edgar, of Tennessee. 3. Joseph Wilson, jr., of Pennsylvania. 4. Charles Eversfield, of Maryland. 5. Elisha K. Kane, of Pennsylvania. 6. Edward Hudson, of Pennsylvania. 7. Richard McSherry, of Maryland. 8. William Pitt Canning, of Massachusetts. 9. Ephraim J. Bee, of New Jersey. 10. Joseph L. Burt, of Ohio. 11. John T. Bartow, of Georgia. 12. Alfred C. Holt, of Georgia. 13. James Hamilton, of Maryland. 14. Charles Henry Oakley, of New York. 15. Reuben N. Baer, of Pennsylvania.

Medical Miscellany.—In Kentucky, there are thirteen Revolutionary pensioners between the ages of 100 and 109!—Thomson's New Guide to Health—a new work on the lobelia system—costs \$12 per copy! The friends of the practice pay well for all they get out of Thomsonian writings.—Dr. David P. Holton is lecturing in New York on physiology and natural theology.—Mr. Phelps's truss meets with good success, many medical gentlemen in New York giving a preference to it.—A circular of the New Hampshire Medical Institution at Dartmouth College, for the present year, is published. This has been a highly respectable school of medicine from the commencement, under the late celebrated Dr. Smith.—A large number and variety of surgical instruments, of German manufacture, it is presumed, were offered at auction in Boston last week. The sale was not very brisk. This was rather a novel sort of sale.—Small-pox and varioloid are still existing and causing considerable alarm at New Orleans.—Two medical students are represented to have been connected with the disgraceful riot at Bowdoin College, a while since.—Dr. Alexander Jones has brought to this country, from Europe, a curious machine for engraving, called an *omnigraph*, which is said to accomplish, in a given time, the work of ten hands.

MARRIED.—In Boston, Dr. C. C. Holmes, of Milton, to Miss Elizabeth Mary Rich, daughter of Benjamin Rich, Esq.—In New York, on the 2d inst., at the Astor House, J. Leland Miller, M.D., to Miss Mary Sigourney Towne, both of Providence, R. I.—At Southwick, Mass., Oliver W. Kellogg, M.D., to Miss E. S. Fletcher.

DIED.—At Milton, Dr. Amos Holbrook, in the 89th year of his age.—At Amherst, Mass. Dr. O. Potter, 82.

Number of deaths in Boston for the week ending June 18, 36.—Males, 20; Females, 16. Stillborn, 3. Of consumption, 4—typhus fever, 1—rheumatic fever, 1—erysipelas, 1—inflammation of the larynx, 1—infantile, 1—scarlet fever, 7—insane, 1—lung fever, 2—croup, 2—inflammation of the lungs, 1—dropsy on the brain, 1—disease of the heart, 1—dropsy, 1—child-bed, 1—worm fever, 1—dropsy on the chest, 1—disease of the brain, 1—measles, 2—old age, 1—hooping cough, 1.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18.

Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—tA

H. H. CHILDS,

President.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by

Materia Medica, Medical Jurisprudence and Medical Botany, by

Chemistry and Pharmacy, by

Theory and Practice of Physic, and Pathological Anatomy, by

Anatomy and Physiology, by

DIXIE CROSBY, M.D.

EDWARD E. PHELPS, M.D.

OLIVER P. HUBBARD, M.D.

JOSEPH ROBY, M.D.

EDMUND R. PEABLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

UTERO-ABDOMINAL SUPPORTER.

THE subscriber having moved from No. 16 Howard street to No. 3 Winter street, would inform medical gentlemen that he still continues to manufacture his improved "CHAPIN'S Abdominal Supporters, and they can be furnished with this instrument (which has been found so useful in cases of prolapsus uteri, abdominal and dorsal weaknesses, as well as in cases of prolapsus ani), from \$2.50 to \$7.00, according to the finish. Perineum straps (extra) at 75 cts. to \$1.00. The measure of the patients to be taken around the pelvis in inches.

Reference may be had to the following physicians in Boston, among others, who recommend this instrument:—Drs. John C. Warren, J. Randall, W. Channing, Geo. Hayward, J. Ware, E. Reynolds, Jr., J. Jeffries, G. B. Doane, J. V. C. Smith, W. Lewis, Jr., J. Homans, J. Mason Warren, &c.

The supporter, with printed instructions for applying the same, will be furnished and exchanged until suitably fitted, by application personally, or by letter, to A. F. BARTLETT,

No. 3 Winter, corner of Washington st., Boston.

The above may also be obtained of Messrs. James Green & Co., Worcester; G. H. Carleton & Co., Lowell; Joshua Durgin & Co., Portland, Me.

MEDICAL INSTRUCTION.

THE subscriber, Physician and Surgeon to the Marine Hospital, Chelsea, will receive pupils and give personal instruction in the various branches of medical science. He will devote to them such time, and afford them such opportunities and facilities for study and practice, as are essential for a thorough and practical medical education. The medical and surgical practice of the Hospital will be constantly open to his students, and clinical instruction, on the cases as they occur, will be given. Abundant facilities for obtaining a correct knowledge of materia medica and the dispensing of medicines will be afforded.—For terms, and more particular information, application can be made at the Hospital or by letter.

GEORGE W. OTIS, JR.

Chelsea, September, 1841.

Sep. 8—eoptif.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocket, Eye and Cooper's Cases; Scarificators, Catheters, Bongies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

ABDOMINAL SUPPORTERS.

DR. HAYNES'S instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, \$4.00—without, \$3.50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A. 13

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; E. Bartlett, Haverhill; D. Crosby, Hanover; F. P. Fitch, Amherst; J. Smith, Dover; J. C. Eastman, Hamstead; C. B. Hamilton, Lyme; Stickney & Dexter, Lancaster; J. B. Abbott, Boscawen; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury. L. S. Bartlett, Lowell, Mass. J. Balch Jr., Providence, R. I.

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

HENRY G. CLARK, M.D.,

May 19, 1842.

My 25—

No. 204 Hanover street, Boston.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JUNE 29, 1842.

No. 21.

SCARLET FEVER—CASES AND REMARKS.

BY DANIEL GILBERT, M.D., FELLOW OF THE NEW HAMPSHIRE AND VERMONT MEDICAL SOCIETIES.

[Communicated for the Boston Medical and Surgical Journal.]

SCARLET FEVER has been at times, for the last twelve years, very prevalent in the region where I have resided, viz., Brattleboro', Vt., some seasons affecting every family in certain districts. I have known fifty cases in a single school district at a time. The affection commenced in the usual form of scarlet fever, with a slight soreness of the throat. In some instances the attack was exceedingly sudden. In a great majority of cases, there was vomiting at the commencement. There was an immediate deficiency of function discovered—rather a contracted, cold, pale lividness. The circulations lost their energy; muscular motion was in many instances attended with distress, feeble and tremulous; the features were very much altered, and the intellect wavering. Soon the instinctive forces of nature became excited to action, and the phenomena of vitality advanced in a rapid degree. The condition became a new and unnatural one; it was a morbid state. It was quite evident that whatever scarlet fever was, it was something that impressed the throat, skin, and vital organs, so as to alter for a time their functions, and increase their organic sensibility. The result of this increased force was ultimately to lessen their vitality, and the degree to which the vital forces became depressed was in proportion to their previous elevated state. It was observed, also, that in those whose nervous forces were most largely developed by nature, this elevated state advanced with the greatest rapidity, most suddenly exhausted the vitality, and induced an alarming assemblage of phenomena. In all the cases that came under my observation, the recuperative forces of the system rallied once; then arose an elevated train of morbid phenomena that marked well its character, which if not controlled, prostrated rapidly.

This rally was the most important period of the whole affection, and the proper stage of treatment; it was, also, the very time when there was sometimes an essential error committed in treatment, that no after period could reclaim. It was in this first rally of the vital forces, that the impression was to be made, to modify and control the affection. It was only at this stage of excitation that disasters could with certainty be averted. The first hours of this first rally were the most fearful and precious moments during the whole morbid phenomena. It was the pe-

riod of responsibility, the time to judge of its type, to change it from severe to mild.

It was observed that after the rally of the vital forces, the tendency of the system was onwards to an elevated state, until it had had its stage of excitation; consequently there was no danger in making a decided impression upon the system by bloodletting at this particular stage! It was a prompt and powerful agent to arrest this elevated state of excitation. The effect of sufficient bloodletting at this stage was truly wonderful. It had the desired effect to subdue the morbid action, in such a manner as to completely modify and control the affection, and effectually prevent the prostration of the vital forces that necessarily ensues after excessive action. Cases of the most threatening aspect would in a short time, after sufficient bloodletting, assume the mildest form; and require no other medicine but a slight impression of belladonna to keep down the irritability of the system, an occasional purgative of *ol. ricini*, rest, and a liquid, farinaceous diet.

I have remarked that the fortunate moment to modify this affection, was before the vital forces had become too much exhausted by the morbid action. The following cases will show the feeble, vaccillating state of the vital movements, at the commencement of the affection, whilst there was a great weight of morbid impression; and the relief manifest upon the treatment.

March 9th, 1830.—A. D., 28 months old, went to bed in perfect health. In the course of the night was suddenly attacked with furious delirium and vomiting. I was called six hours from the first attack. There was still vomiting, considerable swelling about the throat externally. The period of excitation had evidently commenced; great heat about the head, &c.; extremities cold; countenance dusky; lips livid; pulse very quick and feeble; complete insensibility to surrounding objects; eyes red, and pupils contracted; whole body agitated and tremulous. I divided the artery behind the ear, and took $\frac{3}{4}$ ix. of blood. Patient pale all over the body; all tremulous motion ceased; vitality at a low state; respiration easy; pulse hardly felt. Soon re-action; appearance much improved. I gave $\frac{3}{4}$ i. *ol. ric.* In six hours I called again. Purgative had operated; appearance very much improved; bright efflorescence all over the body, and upper extremities; lower extremities remain shrivelled and cold. Grs. ii. of ext. belladonna were put into $\frac{3}{4}$ iv. of water, and gtt. viij. were given every two hours. Allow tea, and cold water if patient calls for it. Keep child in bed tightly covered, and perfectly at rest.

2d day.—All appearances favorable. Continue same; allow rice water; give $\frac{3}{4}$ i. *ol. ric.*

3d day.—One dejection; appearance favorable; bright efflorescence to toes' ends; efflorescence in face nearly gone; swelling about throat almost gone. Repeat same.

4th day.—Very much relieved; one dejection; face much less flushed; swelling about throat all gone; heat all over body much abated. Repeat same.

5th day.—Decidedly convalescent. Omit visits. Child to be kept quiet. Restricted for ten or twelve days to liquid farinaceous diet.

March 10th, 1830.—S. H., 8 years old, attacked suddenly, while at play, with vomiting; sore throat; soon became restless; grew sleepy, with frequent tossing and moving of body; muscular motion attended with suffering; complains of soreness when moved; fell into a stupor from which he could not be roused. I was called ten hours after attack. Eyes red; pupils contracted; throat considerably swollen externally; lips livid; great heat about head; body and lower extremities quite cold; whole body agitated at every inspiration; pulse 140. The stage of excitation had evidently commenced, although there was a great embarrassment of function. I divided the artery behind the ear, and took $\frac{3}{4}$ x. of blood; universal paleness. Soon re-action took place, and the child awoke as from a sleep. Gave $\frac{3}{4}$ iij. ol. ric.; 10 drops belladonna preparation; allow tea, and cold water as much as patient calls for; keep patient in bed tightly covered, free from all excitement.

2d day.—Since yesterday had three dejections; patient sleeps, and wakes rational; complains of throat a good deal; is rather restless; says head aches some; eyes red; pupils contracted; bright efflorescence all over the body; heat 108 degrees Fahr.; extremities, below the knees, cold. Repeat ol. ric.; same treatment; allow rice water; sponge surface with cold water frequently.

3d day.—Had four dejections since yesterday; very much relieved; face not so red; eyes more natural; does not complain of swallowing; swelling about throat less; bright efflorescence to the toes' ends. Repeat same; allow rice water.

4th day.—Appearance favorable; swelling about throat entirely gone. Repeat same.

5th day.—Appearance favorable. Repeat same.

6th day.—Decidedly convalescent. Continue belladonna; allow liquid, farinaceous diet; keep patient in bed most of time during convalescence, free from playthings and exercise.

From the 23th of December, 1829, to the 9th of March, 1830, I observed and treated upon this principle 193 cases of well-defined scarlet fever; 39 of these were over 20 years old, 19 under 20 and over 15. The remainder were under 15. Of this number, 88 were considered mild, and 105 severe in their early stage. Two of the whole number were fatal; one on the third day, 8 years old—the other on the fourth day, 2 years old.

From the 9th of March, 1830, to the 28th of December, 1830, I observed and treated, upon the same principles, 355 cases; 40 over 20 years old, 75 over 15 and under 20. Of this number 20 were mild, and 154 were considered severe in their first stage. Five of this number were fatal; 3 on the third day, and 2 on the fifth; 82 of the whole number had severe cerebral symptoms at the commencement; 56 had the throat considerably swollen externally at the commencement, and 8 came to supuration; 3 had discharges at the ear that continued for some time, but finally entirely recovered without any application. In none that came under treatment at the early stage, was there ulceration or sloughing in the

throat or mouth. Secondary affections were rare, and when they did happen I have always thought that I could clearly trace them to bad management in diet or over excitement, in some way. I have never had a case of dropsy of the brain, or chest; anasarca of the lower extremities has happened in several instances. In one or two instances, when I could not control the treatment so as to prevent stimulation, there has been serious results, such as dropsy of the chest, brain, &c.

During this period I have been frequently called in advice, where a different course of treatment had been pursued, more of a stimulating nature; and I have witnessed results that have given me pain, such as are frequently spoken of by writers on scarlet fever; but all these writers, I believe, advocate the stimulating principles—such as giving ether, liquid acetate of ammonia; creosote, in mucilage, poured into the mouth; warm bathing; emetico-cathartic, of which calomel is a component part; infusions of serpentaria, and various other stimulants, changing them from one to the other; injections of brandy and laudanum, frequently repeated; giving wine, brandy, broth, &c. See an article by E. Hale, Jr., M.D., on scarlet fever, in the *New England Quarterly Journal of Medicine and Surgery*, No. 1. It appears to me that such a course of treatment in scarlet fever, as that spoken of, is as objectionable as the old method in surgery of treating compound fractures, where the principle was to promote sloughing, and assist nature to ulceration—which surgeons of the present day have laid aside, and have adopted a different course, viz., to prevent sloughing and ulceration. Instead, therefore, of applying poultices, and warm bathing, surgeons now apply cold water and make use of bloodletting, and consider them powerful agents. The results of this different course of practice, in surgery, are striking; but not more so than the treatment I observed in scarlet fever. I have sometimes thought that the practice here objected to was unscientific. It certainly betokens a want of skill, to have gangrene and ulceration take place.

In Vermont scarlet fever was found to run through its first stages of excitation with such rapidity, in severe cases, that it would not do to rely upon the slow operation of medicine to subdue and modify it. It was found, in severe cases, if the excitation was brought promptly and decidedly up by bloodletting in the first stage of the first paroxysm, there would not, during the progress of the affection, a dangerous prostration take place; and if the irritability of the system was kept from advancing by a trifling impression of belladonna, there was nothing more required in the medical line, than an occasional purgative of *ol. ricini*.

Coldness of the lower extremities was a remarkable phenomenon in this affection for the first one or two days, and had a tendency to induce the attendant to commit an error in practice. Most practitioners have observed the anxious solicitude of friends and attendants to warm the feet in this stage. I have thought it had a bad effect to make use of stimulants for this purpose. It was noticed that the affection began above, and spread downwards with great regularity in favorable cases. It was also observed that if the rash appeared all over the body and lower extremities at the same time, when it came to be fully developed

it was a difficult case to manage; because the capillary system, under great excitation, was liable to drain the large bloodvessels of blood so as to induce a fatal collapse in the short space of a single hour. Under such circumstances I have always found washing the whole surface with cold water, during the hot stage, an effectual remedy, if constantly applied after sufficient bloodletting.

I consider it a crime to weaken the confidence of the public in physicians who have cultivated medicine as a science, because they are not generally inclined to administer powerful prescriptions with rash ignorance. This I do not intend; I mean to say that no case of scarlet fever should ever be allowed to advance six hours without the advice of a skilful physician; and I believe it in his power to avert disaster. If I understand the tone of the medical profession generally, any physician is called upon to speak to the general practitioner, at all times, through their medium, in his own language, his views upon any subject, and to give an account of his practice, &c., provided he does it fairly. He has a right to condemn any course of treatment which appears to him to be wrong in principle. By thus speaking what he believes to be the truth, there is no danger of a humble individual destroying the foundation of a rational science.

[To be continued.]

A SINGULAR CASE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing the reports of cases the most valuable portion of your Journal, I send for insertion (as I have seen nothing published in it of like nature) the following somewhat singular case—singular to me, at least, and it may prove so to some others of the many readers of your valuable repository.

Mrs. Olive Huntoon, of tolerable good health, was married March 8th, 1832. Her first and only child was born August, 1833, since which time she has never enjoyed good health. Nothing unusual occurred after her lying-in, until thirteen days had expired, when she was taken with the phlegmasia dolens in her left leg; which, notwithstanding the usual treatment, confined her to her bed for seven weeks, during which time her right limb became similarly affected, which, together with her former difficulties, incapacitated her three months from walking. In November, 1834, she became the subject of pleuritis, from which she was scarcely convalescent when she was seized with the thrush; from which her tongue and fauces suffered, at times, ever afterwards. In the year 1836 she again had the pleurisy, for which her attendant physician abstracted blood from the arm, applied blisters to the side, administered calomel, &c., which gave but little relief. The secretions in general became vitiated and diminished in quantity—and in process of time her lower extremities became considerably anasarcaous. But, from a long course of treatment perseveringly administered, she had partially recovered from the above difficulties, when she was seized with an excruciating pain in her

head—the pain being mostly located over the right orbit. So great was the intolerance of light, that it was necessary to have it kept wholly excluded from the room. She continued in a similar condition, sometimes a little better and then again worse, until the 28th day of December, 1839, when she was relieved (and this constitutes the singularity of the case) by a sudden gush of apparently clear water from the right nostril (the pain in the head being on that side), which continued to drop as often as every third breath, and sometimes oftener, for twenty-four days. She was then attacked with pneumonitis, and the dropping ceased. But no sooner were the pneumonic difficulties mitigated, than the water commenced dropping as before, and continued to drop in a like manner until her demise, which took place the 17th of April last, in the 39th year of her age. The disease which terminated Mrs. H.'s life was *hydrothorax*. The symptoms were as follows:—Great difficulty of breathing, scarcity of urine, impatience of a horizontal position, extreme sore mouth, subsultus of the tendons, &c. Digitalis, seneca, squills, cyanuret of potassium, with the addition of blisters to the chest, &c., were prescribed, but without benefit; she continued to grow worse until the 14th day after the attack, when death came and relieved her from her sufferings.

Mrs. H. was nearly 37 years old when this dropping at the nose commenced, which continued two years, three months and 21 days. The matter was perfectly transparent, and exhibited no disposition to excoriate. Astringent medicines snuffed up the nostril had no effect.

I think it probable that there are many cases recorded resembling the above, but the only ones which occur to my recollection, are recorded in the fifth volume of Good's Study of Medicine, under the name of "*Paruria erratica*." It appears from the same author, that this disease has sometimes been described under the name of "*uroplania*," which it seems is nothing more than a Greek compound for "*erratic urine*." However, I believe it is seldom that it has ever been introduced into nosological arrangements. I do not pretend to say whether this discharge from the nose was a secretion compensating for destitution of urine, which was very slight; or a urinous fluid absorbed after its secretion by the renal organs; but I must confess that I have not had sufficient clinical experience to determine the manner in which it arrived at the nasal organs, in so profuse a quantity, to be thrown off by the *schneiderian* membrane. If any of your readers can explain the *modus operandi* of this (to me) remarkable phenomenon, by so doing they will confer a signal favor.

LEVI ALDRICH.

Shrewsbury, Vt., June 7th, 1842.

NEW METHOD OF APPLYING THE LIGATURE FOR PROLAPSUS ANI.

BY E. H. DIXON, M.D., OF NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

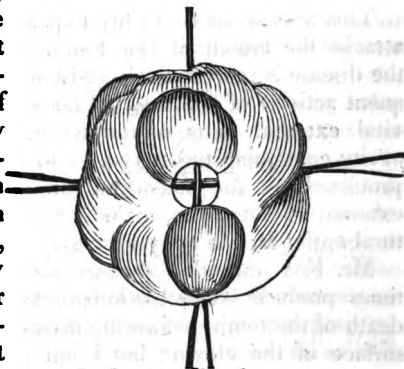
THE verge of the anus in most cases of prolapsus will be found studded with hemorrhoids, and in a state of hypertrophy. A constant nismus is

thus kept up, gradually increasing the thickness and producing permanent eversion of the lower part of the rectum; this mechanically distends the lower fibres of the internal sphincter, and destroys their contractility. As a substitute for this loss, nature increases the action of the upper fibres. This is well known to all who are much used to examining diseases of the rectum. Constriction of the hemorrhoidal veins now adds to the difficulty, and it is vain to hope for permanent relief, till the patient submits to the removal of the entire disease.

The fact of constriction existing above the disease, and the known tendency to hemorrhage in this part, will generally prompt the prudent surgeon to withhold the knife, and resort to the ligature; but here lies a danger. Very great suffering and serious symptoms often ensue, and severe depletion is necessary, after the ordinary and frequently inefficient method of applying the ligature. Moreover, portions of the disease often escape constriction, and render a second operation necessary. This is productive of great annoyance, both to the surgeon and patient; the latter believing, and the former often too well knowing, that the mortifying necessity was caused by his own carelessness—" *haud inexpertus loquor*," I can say with great truth, and a keen remembrance of my own failures, as well as those of others. As there are no lessons so serviceable to the surgeon as these mishaps, it may be an act of questionable propriety to detail the method by which such annoyance has been for some time avoided in the many cases that have fallen under my notice. I will, however, briefly communicate my plan.

With the needles for passing the deep-seated sutures, described in Vol. XXV., No. 21, of this Journal; or, if not at hand, a large suture needle with a curve, one third of a circle, two inches in diameter, and a lancet point (for the reader may rely on it no other will penetrate), I pass a very strong, double ligature, *untwisted*, from the circumference of the diseased verge on one side, at least half an inch deep, through the gut, to the other side; then having a similar needle armed in like manner, I pass another intersecting this, at the centre of the anus—thus:—

It is important that the ligature be at least a foot long, in order that the following process may be completed. With a bent probe, or, if you choose, the little finger, draw both the ligatures at their intersection out of the anus, cut them in two and tie them firmly, one from each quarter with its opposite. This, it will be perceived, renders any embarrassment in tying the four quarters of the diseased verge impossible, while it preserves the gut



pervious for defecation. Now, take one end of a ligature from each quarter, and ascertain if they are connected by pulling slightly and alternately at each; if so, tie them firmly with all the strength of your two fingers, having them previously well waxed, or they will slip. This process

will strangle, with mathematical certainty and perfect uniformity, every particle of the disease. Much pain may be saved the patient by tying the ligatures with great strength, as that effectually destroys the vitality of the diseased part at once, and prevents the necessity of the successive steps of inflammation, to effect that end in the constricted part. I always evacuate the bowels with senna tea the day before the operation, then give a good dose of laudanum or morphine, and feed the patient on farinaceous diet during the separation of the diseased part. A pill of belladonna, occasionally introduced into the rectum, well up, greatly alleviates the annoyance. The parts usually separate on the fifth or sixth day. It is quite useless to detail cases, where there has been no essential variation in the above treatment. I have operated on a great number, and rarely have had occasion to resort to venesection or other means than those already mentioned. Since I have adopted this method, the cure in every instance has been perfect, the sphincter resumes its powers, and there is no contraction of the anus left, as nothing but the diseased part has been removed, allowing the sound mucous membrane and integument to approximate.

New York, June, 1842.

OF INTERNAL OR DEEP-SEATED CARIES OF THE TEETH.

INTERNAL caries generally affects the parts between the enamel and lining membrane, but somewhat nearer to the former part of the tooth, on the surface of which it is first observed from its giving the tooth a bluish hue. It becomes more evident by presenting the appearance of a blue mark, and afterwards a brown spot, till it shall have penetrated through the whole external bony structure and enamel, and become a cavity, either on the grinding, or on one of the lateral surfaces. The orifice of this cavity is at first very narrow; but it increases in time externally, in the same proportion as the caries extends itself in the cavity.

This disease, as far as my experience has enabled me to judge, always attacks the crown of the tooth, and never the neck or the root. As the disease is more actively resisted by the greater vascularity and consequent activity of the internal bony structure, than by the harder and less vital external parts of the tooth, it never proceeds so far towards the cavity containing the nerve, as to render this membrane altogether unprotected by the bony structure, before it has penetrated through the external osseous parts, including the enamel, and has thus formed a natural outlet for the bony abscess.

Mr. Fox and other writers assert, that they have seen caries sometimes produce idiopathic inflammation in the lining membrane, and the death of the tooth, before the disease has penetrated through the external surface of the crown; but I am perfectly assured of the contrary, because it is in opposition to the principles of that chemical action to which the tooth is exposed, when affected by this disease, and against all accurate observation and experience. The cases which have given rise to this opinion, have not been considered with sufficient accuracy;

this has arisen, either from the difficulty of discovering the carious cavity, or from erroneously attributing the death of the tooth to the effect of caries, when it has been produced, perhaps, by some mechanical irritation, an accidental blow, clumsy operation, or great irregularity in the situation of a tooth, &c. ; in consequence of which an inflammation and mortification of the lining membrane has taken place before its extraction.

I have already explained the great difference in the effect produced by the chemical influence of dead or carious matter upon the living bony structure, and that upon a tooth already destitute of life ; a fact, however, totally disregarded, and therefore productive of the most injurious malpractices in the treatment of this disease. Putrefaction acting upon a dead tooth, destroys the bone by immediate chemical action, and produces a direct change from a state of mortification to that of putrefaction. It, therefore, naturally finds the greatest resistance in the hardest and least vascular parts of the tooth. But putrefaction in the form of caries of a living tooth, destroys the bony parts, with which it is placed in immediate contact, in an indirect manner, producing by its chemical irritation, in the first place, inflammation, and afterwards mortification. It is in this instance, therefore, much more actively resisted in its destructive influence by the vascular than by the hard parts of the tooth. Consequently, as the bony structure of the tooth is more vascular the nearer it is to the lining membrane, and harder and more compact the nearer it is to the enamel, and, therefore, endued, in proportion to its vascularity, with a greater or less power of resisting inflammation ; the diseased action of caries will proceed more rapidly towards the exterior than towards the interior of a tooth, and invariably produce an outlet at some part of its surface, before it can come in contact with its lining membrane. Although the enamel of the teeth, from its not being organized, is not subject to the immediate influence of inflammation ; and although, from its crystalline nature, it is also most admirably calculated to resist putrefaction and other chemical influences ; it is, nevertheless, from its peculiar structure, easily destroyed by mechanical causes, when once deprived of the support of its bony structure ; consequently, where caries has destroyed that support, it is soon removed by mastication, and an external orifice to the carious cavity is thus produced.

When the disease has thus made itself an outlet through the bony structure and enamel, its progress towards the lining membrane is at this time somewhat retarded by the free evaporation of the putrid vapor, and the partial discharge and separation of the dead matter ; it is, however, soon afterwards exasperated by other exciting causes, viz. : the additional external chemical and mechanical influences. The caries now proceeds towards the cavity, more or less speedily, according to the constitutional strength of the tooth, and violence of the general and local causes ; until, at last, the disease penetrates through the whole bony structure, and produces considerable irritation upon the lining membrane, so as to involve that important and exquisitely sensible structure in idiopathic inflammation. At this period the disease may properly be called complicated caries.

The degree of rapidity of the destructive progress of deep-seated ca-

ries, depends upon the constitutional strength of the affected tooth, and on the degree of violence of the general and local exciting causes, which act simultaneously in aggravating the disease. Internal caries, however, proceeds much more rapidly than external, and it may be said to require, generally, from one to five years from the commencement of its corroding process to penetrate through the whole bony structure, and from three to twenty-four months afterwards before the destruction of the vitality of the lining membrane of the tooth is totally effected; putrefaction and absorption, however, may still require from seven to fifteen years to complete the entire destruction and removal of the dead parts. Simple caries, in each of its forms, differs in its effect on the temporary teeth, from that on the permanent set, only in proportion to their less dense and less durable construction, and requires no separate consideration, except in the surgical treatment.

Of the Surgical Treatment of Simple Caries.—The only remedy of caries is, first, the entire removal of all general and local exciting causes, and afterwards the removal of the proximate cause, by the complete extirpation of the mortified or inflamed parts of the bony structure of such teeth, by surgical operations properly adapted to the several stages of the disease. When superficial caries has not penetrated more than one third of the bony structure, the only judicious treatment will be to cut away the dead and diseased part by means of the file and chisel, or any other suitable cutting instruments; so as to produce a sound and even surface. When it has penetrated more than one third of the bony structure of the diseased side of the tooth, yet has not exposed, irritated or inflamed the nerve of the tooth, the dead and inflamed parts of the bony structure are to be removed by extirpation, and the defective parts restored by stopping the cavity with gold.

Deep-seated caries can only be cured by the latter operation; and the filing alone is never to be attempted for the removal of this species of caries, as the disease, instead of being removed, will be increased by the irritation; indeed, a removal of the caries cannot be accomplished by this operation without exposing the lining membrane to too great indirect action of all the external irritating causes to which the teeth are liable: inasmuch as an imperfect removal of the carious matter would leave the tooth, not only under the same morbid influences to which it had been before exposed, but would deprive it of some of its protecting constituents, and increase its debility by so irritating an operation: the operation of filing or cutting, therefore, performed in either way, augments the disease and hastens its destructive progress towards the nerve of the tooth.

The treatment of simple caries in the temporary teeth, is very different from that in the permanent set; for, as the utility of the former is of much shorter duration than that of the latter, such surgical treatment only should be adopted as may tend to retard the progress of the disease, to diminish its morbid influence as much as possible upon the other teeth, and to prevent its effect upon the permanent set. For this purpose the necessity of the greatest cleanliness of the mouth cannot be too much impressed upon the mind of both parents and children.—*American Journal and Library of Dental Science.*

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JUNE 29, 1842.

NAVAL SURGEONS.

In the British navy there is an express law in regard to the age of a medical candidate for office, and we have an impression that in the United States naval service, the candidate for an assistant surgeon shall not be over twenty-six years of age. Admitting this to be the fact, then it is useless to seek a commission if the applicant happens to be one or two years older. But it behooves the Government to modify such a requisition. The newspapers have lately been ringing abroad the mortifying intelligence that there are not surgeons enough attached to the service to equip the outward bound government vessels, and one is well known to have been detained a whole week for the want of a medical officer, and finally sent to the Coast of Africa with only one surgeon on board. There is no reason why a surgeon of competent qualifications, even if he should be forty-five years old, should not be gladly received by the naval department, if he is willing to take up with its scanty fare and poor compensation. We speak of the service in this light, in reference to the exposition made in a pamphlet some few weeks since at Baltimore, by one who seems to know every rope in the ship of State.

As it now stands, a young, inexperienced tyro, who can sustain himself in an examination according to the precise letter of the textbook, is thankfully received by the Government; while a learned, experienced man, of mature judgment and skill in the practice of medicine and surgery, is cast off, if he is past, even by a month, the precise period at which wisdom is supposed to shine transcendentally—six and twenty, for example.

University of New York.—A circular for the next lecture season of the new school of medicine is circulating. The cost of erecting the Stuyvesant Institution, which has been recently purchased by the Faculty at their own expense, was \$120,000. It will, of course, be called hereafter the *Medical College*. The success of the school thus far has equalled the most sanguine expectations, and the prospects for the future are represented to be highly flattering.

Iodine and Sulphur Baths.—An apology should be made for having inadvertently neglected to apprise the profession that Dr. Durkee, who, as will be seen by an advertisement, has a private Hospital for Invalids at No. 26 Howard street, has succeeded admirably in constructing the iodine and sulphur baths. The estimation in which they are held in Europe is well known to medical readers; but there were certain difficulties to be overcome, that were feared might operate against the use of iodine as a bath on this side the Atlantic. The proprietor, however, with the aid of ingenious mechanics, has obviated any apprehended obstacles, and may well be gratified with the results of his persevering efforts to

give to physicians of the city and environs the use of a new and powerful medicinal agent in the cure of diseases. These baths are made to resemble, as nearly as may be, in their nature and effects, the celebrated springs of Virginia.

The Student's Medical Library.—Messrs. Lea & Blanchard announce a coming series of text-books for medical students—being elementary works on the various branches of medical science—and each one complete in itself, in a single volume. It is surprising that some ingenious publisher has not attempted this plan before. If the books are selected with care, and systematically arranged, we are satisfied that they would not only be exceedingly useful, but be recommended by all the medical schools on the score of their being an approach towards a uniform course of medical study throughout the United States. When the works are ready, reasonable notice will be given, and their value to the student fearlessly estimated.

Phrenology applied to Marriage.—This is an ingenious, argumentative production, by Mr. L. N. Fowler, the phrenologist, who is extensively known for his personal devotion to the science. The object is to instruct the ignorant in the principles of phrenology and physiology, as applied to man's social relations. There is also an analysis of the domestic feelings. "*Be ye not unequally yoked together,*" is the author's motto—which, we apprehend, comes too late in the day for some readers. Mr. Fowler is unquestionably right in asserting that great physical and moral evils have their origin in a bad matrimonial connection. But so long as the race are more under the guidance of propensities, than enlightened reason, marriages will continue to be contracted pretty much as they always have been, from the first dawn of civilization—some for better and some for worse. We give Mr. Fowler credit for ingenuity, benevolent intentions, and philosophical honesty.

Thomsonian Convention.—A convention was held at Albany week before last, in the Supreme Court Room, by the Thomsonians, or, as they are sometimes called, botanic physicians. Upwards of eighty delegates were present, who acted upon the business before them with unanimity. It was resolved to petition the Legislature till they are relieved from the existing legal restraints. Committees were appointed to prepare an address to the people of the State. It was also resolved to publish a Thomsonian Almanac. After transacting various matters, of pretty much the like importance, the Convention adjourned to the Wednesday evening following—since which no advices have been received.

Castleton Medical College.—The spring session of the Castleton Medical College was closed on Thursday, the 9th inst. The public exercises of the occasion were held in the brick church, in order as follows:—Music, instrumental and vocal; prayer, by Rev. J. Steele; music; conferring degrees, by the President; music; an appropriate address to the class, by Professor Hamilton; music; benediction.

The degree of Doctor of Medicine, in course, was conferred on James S. Ayres, of N. Y. Thesis—*Thomsonism*; Ezra S. Carr, N. Y.,

Medical Botany; James S. Dayton, of Vt., *Synochal Fever*; Ebenezer H. Drury, of Vt., *Pneumonia*; Jonathan B. French, of N. Y., *Epilepsy*; Samuel Galentine, of N. Y., *Acute Rheumatism*; Erasmus D. Hall, of Vt., *Chronic Gastritis*; Dr. Ansel G. Jones, of N. Y., *Rejection of Alcohol from the Materia Medica*; Zara W. Joslin, of N. Y., *Phrenology*; George F. Newell, of L. C., *Diagnosis of Tubercular Phthisis Pulmonalis*; David E. Page, of Vt., *Fœtal Circulation*; Jesse D. Smith, of N. Y., *Vis Medicatrix Naturæ*; H. Judson Squire, of N. Y., *Diagnosis*; Charles Warren, of Mass., *Signs derived from the Circulating System*; Rollin C. M. Woodward, of Vt., *Phlegmasia Alba Dolens*.

The honorary degree of Doctor of Medicine was conferred on Dr. Alexander Ayres, of N. Y.; Dr. Edmund F. Grant, of N. Y.; and T. H. D'Wolf, M.D., of Mass.

Medical Convention of Ohio.—The fifth regular meeting of this primary assembly commenced in the city of Cincinnati, on Monday, the 16th of May, and remained in session five days. Near one hundred members were in attendance, representing many of the interior counties of the State.

The following papers and reports were read during the sitting of the Convention:—

1. The influence of heat and cold on the animal system, by G. W. Boerstler, M.D.
2. Modus operandi of medicines, by J. P. Harrison, M.D.
3. Syphilis, by R. D. Muesey, M.D.
4. Causes and treatment of milk sickness, by John Dawson, M.D.
5. Topography, climate and diseases of Scioto, by G. B. S. Hempstead, M.D.
6. Report on the Eaton Medical Society, by Pliny M. Crame, M.D.
7. Report on the Warren County Medical Society, by E. Fisher, M.D.
8. Laws of organic life, by E. A. Atlee, M.D.
9. Diseases of the heart, by N. Worcester, M.D.
10. Wounds of the intestines, by S. D. Gross, M.D.
11. Report on animal magnetism, by R. Thompson, M.D.
12. Periodical influence of a miasmatic diathesis upon local inflammation, and general diseases of a continuous character, by W. J. Barbee, M.D.
13. Pathology of Fever, by J. P. Harrison, M.D.
14. Prejudices against the profession, by M. B. Wright, M.D.

The papers read before the Convention gave indubitable evidence of accurate thought and profound research on the part of the authors; and, while many of them exhibited the bold originality of the West, they were all characterized by an evident acquaintance with their subjects, and good general views, that would have done honor to any medical association of Europe or America. Those who were present at this Convention were convinced that western physicians have the ability to reason and deduce principles, unaided by transatlantic genius. Although the luminaries of the West may not extend their rays to other climes, yet, not acting as satellites to any system, nor assuming the borrowed plumage of others, they rest secure upon an immutable basis, uninfluenced by the many ephemeral illusions that agitate the philosophical world.—*Western Lancet*.

Vegetable Diet. By ROBERT DICK, M.D.—In reference to a very interesting case reported by Mr. Rowbotham (of a child severely afflicted with ulcers, which had continued for eighteen months, and who was soon

cured by a diet of ripe fruits, honey, &c.), I beg to state that I can bear very strong testimony to the remarkable good effects of a diet of vegetables (one of acidulous fruits more especially) in many forms of cutaneous disease. It may be stated as a general rule, that when a cutaneous eruption depends on hepatic derangement (not organic), characterized by pain, tumidity, and profuse secretion of the liver; by dark-colored stools (and more especially if these produce *ardor ani*); by yellow-coated tongue; bitter morning taste of the mouth; accelerated pulse; dry heat of skin, and nocturnal sleeplessness, the judicious adoption of a vegetable diet will be found a most efficacious means of removing that condition of the digestive organs and that constitution of the blood from which the eruption and the unpleasant symptoms enumerated result. This I have pointed out elsewhere, and endeavored to explain, and recent experience has corroborated the views there stated.—*London Lancet*.

Extirpation of the Scapula and portion of the Clavicle—Extirpation of the Testicle in the same Individual.—The following case is most interesting from the complicated nature of the injuries and the serious operations required. A boy, 14 years old, employed at the cannon foundry at Cairo, was wounded in several places from the accidental explosion of a cannon loaded with stones, bricks and similar substances. At the moment of explosion he was stooping, with his back to the cannon, and his legs widely separated, raising a water-jar from the ground. Some of the projectiles struck him on the left lumbar region, others passed between his thighs, lacerating the left scrotum, and dividing the left spermatic cord; but the majority of them struck the left shoulder, causing extensive laceration and fracture. The divided spermatic artery was tied, and the testicle, together with several small pieces of brick, was removed, and the contused and lacerated integuments being cut away, the edges of the wound were brought together. The neck of the humerus was literally smashed, and the surrounding integuments and muscles dreadfully torn and contused, leaving at the inside of the arm a small portion of skin, scarcely sufficient for a flap, uninjured. Amputation at the shoulder-joint was performed, but on examining afterwards the scapula, it was also found to have been shattered in several places. This, together with the insufficiency of the flap, determined Gaetani-Bey on prolonging his incisions, and removing the whole of the scapula, together with the acromial end of the clavicle. The lacerated integuments were fashioned so as to form a covering to this extensive wound, and twenty-four days from the operation the lad had completely recovered.—*Archives Chirurg., Francaise et Etrang.*—*Ibid*.

Division of the Muscles of the Back.—In an article in the "Gazette Médicale," M. Guerin endeavors to refute the objections raised by M. Bouvier against his theory of the dependency of spinal distortions on muscular contraction, and the applicability of tenotomy to their cure. For the present we will simply notice M. Guerin's theory, reserving to some future No. a summary of the different theories on this class of affections. According to M. Guerin, spinal distortions should be classed with club-foot, wry-neck, &c., and that as the muscles of the foot, leg, knee, &c., by their contractions produce certain deformities, which, arising from the same cause, perverted muscular action, present the same general

character, and require for their relief the same operation, division of the contracted muscles; so, also, curvature of the spine may be considered as the club-foot of the back, depending on the contracted state of the muscles of this region, and requiring for its cure their division.—*Ibid.*

The Epidemics among Cattle.—There are now raging throughout the greater part of England and Ireland, and some districts of Scotland, epidemics among horses and cattle of a most fatal character. They are altogether different from those that have lately prevailed, both in the character which they assume and the increased mortality by which they are attended. Sheep are rapidly beginning to be involved in the general destruction.—*Veterinarian*, May, 1842.

TO CORRESPONDENTS.—Dr. Schmidt's case of division of the masseter muscle was received too late for this week.—The surgical testimony in regard to a certain controverted case is received, and is under consideration.

DIED.—In Roxbury, Rufus Wyman, M.D., 64, long and extensively known as the Superintendent of the McLean Asylum for the Insane at Charlestown.—In Pittsfield, Mass., 16th inst., Moses A. Lee, M.D., Professor of Materia Medica and Pharmacy in the Berkshire Medical Institution, 36.—In New York, Ethan Allen Ward, M.D., 37.—At Glen Cove, Long Island, N. Y., Dr. Thomas Garvie, 69, formerly of Perth, Scotland.

Number of deaths in Boston for the week ending June 25, 34.—Males, 18; Females, 16. Stillborn, 4. Of consumption, 3—fits, 2—disease of the heart, 2—scarlet fever, 3—inflammation of the lungs, 2—child-bed, 1—typhus fever, 1—convulsions, 1—rupture of bloodvessel, 1—old age, 1—lung fever, 1—marasmus, 2—dropsy in the head, 2—infantile, 3—apoplexy, 2—tic douloureux, 1—cholera infantum, 1—brain fever, 1—inflammation of the bowels, 1—liver complaint, 1—measles, 1—unknown, 1.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptom JOHN JEFFRIES, *Secretary of Censors.*

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

EZRA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class. JOSEPH PERKINS, Registrar.

Castleton, Vt., May 26, 1842.

Je. 29.—1A4

PRIVATE HOSPITAL IN BOSTON.

SILAS DURKEE, M.D., Member of the Massachusetts Medical Society, and of the Boston Medical Association, has taken the large and convenient house No. 26 Howard Street, Boston, and fitted it up as a PRIVATE HOSPITAL for INVALIDS.

In important and difficult cases, the services of the most skilful and experienced physicians in the city will be had in consultation; and patients who place themselves under the care of Dr. D., and who wish to avail themselves of the advantages of a private Hospital, may be assured that every effort will be made for their comfort and well being.

An apartment has been fitted up with apparatus for administering the Iodine Bath, Sulphur Bath, and other medicated baths, as recommended by Dr. Green, of London, in the treatment of various chronic diseases. Terms, \$6 to \$10 per week.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by	DIXIE CROSBY, M.D.
Materia Medica, Medical Jurisprudence and Medical Botany, by	EDWARD E. PHELPS, M.D.
Chemistry and Pharmacy, by	OLIVER P. HUBBARD, M.D.
Theory and Practice of Physic, and Pathological Anatomy, by	JOSEPH ROBY, M.D.
Anatomy and Physiology, by	EDMUND R. PEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, *Secretary of the Faculty.*

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously. H. H. CHILDS, *President.*
Pittsfield, May, 1842. Je 22—tA

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.

Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.

Obstetrics, by ESENEZER EMMONS, M.D.

Materia Medica, by T. ROMEYN BECK, M.D.

Chemistry, by LEWIS C. BECK, M.D.

Anatomy, by JAMES H. ARMSBY, M.D.

Institutes of Medicine, by THOMAS HUN, M.D.

Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$30. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

Al 27—tO

TREMONT-STREET MEDICAL SCHOOL.

THE subscribers, at their rooms in Tremont street, continue to give personal instruction to private pupils as heretofore, in the various branches of medicine, in connection with the practical pursuit of anatomy, and attendance on the Massachusetts General Hospital, the Eye and Ear Infirmary, and the other opportunities belonging to their school.

Jy 22—copy

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

NEW ENGLAND QUARTERLY MEDICAL JOURNAL.

THE first No. of this Journal, comprising 156 pages, large octavo, is now ready for delivery. The original articles are—On tic douloureux and diseases of the teeth, by Dr. Thos. Gray, Jr.; on ergot in protracted parturition—Dr. Edw. Warren; abstract of midwifery cases—Dr. D. H. Storer; Scarlet fever—Dr. E. Hale; tuberculous diseases—Dr. J. B. Jackson; division of various muscles—Dr. Jos. Sargent; Report of surgical cases—Dr. G. Hayward; strangulated hernia—Dr. J. M. Warren; iritis—Dr. G. A. Bethune. These are followed by Reviews—Bibliographical notices—Scientific Intelligence—Extracts. Price \$3 a year, payable in advance.

D. CLAPP, JR., *Publisher.*

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 6, 1842.

No. 22.

CLINICAL LECTURE ON INCIPIENT PHTHISIS.

BY JOHN CLENDENNING, M.D., F.R.S., ETC.

I HAVE repeatedly brought under your notice the symptoms of phthisis. It is a wearisome disease, on account of its enormous frequency, its intractability, and its nearly uniform result, when tolerably distinct. And to pupils especially, but to practitioners also, its tediousness, "which, like a wounded snake, drags its slow length along," makes it a sort of "*noli me tangere*," which we desire to have, at least in official practice, as little as possible to do with. To be watching from week to week and month to month the frame wasting away, and listening to the ever-recurring complaints of bad rest, weakness, pectoral pains, colliquative discharges, harassing cough, &c., for most of which we can often do little or nothing in the way of substantial relief; this realizes almost the sarcasm of our great lexicographer, Johnson, that "physic is but a meditation on death." Still the subject in every respect is of paramount importance and interest, as you will find when you come to treat the disease in private practice, and again and again must you have your attention directed to it. In all its stages you must familiarize yourselves with its sufferings and appropriate helps and palliatives; but especially must you study the early stage, or that of incipient tuberculation. Now, there are at this moment up stairs several cases well fitted for illustrating to you the diagnosis and treatment of the early stage of this giant disease. I allude to a case you may have seen in Alderton's ward, of a servant girl, aged 21, admitted on the last of March; and to two cases on the male side, in Murray's: one that of a laboring man, aged 25 years; the other that of a boy, aged 8 years, each admitted about the same time as the girl.

CASE 2.—The girl appears to have come to her service in London about a year ago, and to have become irregular as to the menstrual function soon after. She says she has had suppression for nearly the whole time. This is a common result in young women from the country, on entering upon the hard life of a London servant of all-work. Short and perhaps broken rest, irregular meals, much bodily labor, almost constant confinement to the house, and the London atmosphere, conspire against many of them, with dependence and humiliation, and soon tell even upon healthy and vigorous girls, producing in such, pretty frequently, severe fevers, and in less favored subjects causing ultimately amenorrhœa, chlorosis, dyspepsia, hysteria, and not rarely bringing out, if not directly originating, tubercular mischief.

For some little time before her admission her legs swelled at night, but were down again in the morning. For four months she had been complaining of palpitations, some cough, and other symptoms, not sufficient to force her to leave her service, as I understand; her look was what old writers call leuco-phlegmatic, otherwise pallid, with fulness rather than sharpness or wasting of feature; there was no great disturbance of the pulse, some pain under the breast-bone, urine and bowels nearly normal. On examining her chest, the following were observed: On and below the collar-bone, and on the top of the shoulder-blade on the right, the chest had less resonance on percussion than the same parts on the other side. The difference was slight, however. The space in front, under the right collar-bone, seemed likewise, when compared with the other side, somewhat depressed, and was also less expanded in inspiration; the sounds of breathing were too distinct on each side, and most so on the right I thought; no remarkable or important crackling murmur or other unnatural sound was noted during inspiration.

CASE 3.—These physical signs correspond as nearly as possible with those observed in the man in Murray's ward. His disease is also at the top of the right lung, and is marked by precisely the same defects in the resonance, shape, and motions of the part, and by the same distinctness of the expiration. He has, however, been subject to winter coughs; but he has had no hæmoptysis, and has been equal to his work until within a few days of admission, when he had cough, chills, followed by headache, pains in his bones, and other symptoms of influenza, coming on without obvious cause.

CASE 4.—The boy in the same ward has had symptoms and signs very nearly the same as the man and the girl. He is, as you have seen, rather a high-shouldered, but healthy-enough looking little fellow, who was attacked shortly before admission, while in the boy's school on the other side, with symptoms like those of the man, and denoting something like influenza. On examining this child, I found traces of tubercular mischief on the left side, the right lung appearing comparatively, if not absolutely, healthy. To state the points in which the left lung was defective in this case, would be to repeat almost verbatim the description of the appearances observed on the right side in the two other cases. The differences of age and sex in those cases were sufficient to modify considerably the physiological effects and symptoms of the disease of the lung, independently of any personal peculiarities of constitution in the patients; but such differences exert but little influence over the physical manifestation of structural change. In all subjects, happily without exception of importance, the methods of Avenbrugger, Laennec, &c., are applicable alike in the detection of organic mischief, and often indirectly of functional disorders, as well as of feigned or imagined disease. The only difference I think worth naming was this: the inspiration in this child was accompanied in the top of the left lung, towards the end of the act of inhaling, with a sort of click, as if tough fluids mixed with air had at length found room to bubble and burst in the interior of the lobe in some cavity larger than the natural passages or healthy air-vessels. This click is possibly proof of an excavation by tubercle,

but may be owing to a dilated air-vessel, for his high shoulders with other circumstances render it probable that his lungs are more or less emphysematous. I could detect no pectoriloquy nor decided gurgle, and he had not hæmoptysis, as I understood.

Remarks.—On the whole, then, you see these three cases present a remarkable coincidence in their features. In two of them no striking crepitus is noted, which is, perhaps, not in accordance with what you will find in books. Laennec enumerated amongst his physical diagnostic signs of commencing consumption, a peculiar murmur accompany the inspiration, and which he attributed to the softening of the tubercles; and this view has been generally adopted. You will often, it is true, meet with crepitations in the vicinity of tuberculations. The presence of tubercle is usually attended by chronic congestion and catarrh of the neighboring air-vessels upon which such crepitations depend, and they are met with, I think you will find, in a great variety of combinations, degrees and circumstances, and of which softening tubercle is but one kind or form. Such crepitations, therefore, are probably of doubtful importance. On this point, then, as on not a few others, you will do well to listen to Laennec with a reasonable share of credulity. Laennec made a great discovery, viz., a second method of exploring the diseases of the viscera and cavities by physical means; this was, in classic phrase, his "*monumentum ære perennius*;" his imperishable memorial. When that method was established in credit and use, his mission was accomplished. Had he left the detailed enumeration and interpretation of the sounds incidental to the actions and lesions of the lungs and heart to his disciples and successors, I suspect that auscultation and the physical method generally would be more advanced now than it is; because the practical uses of new discoveries and inventions are necessarily of slow growth, and demand the co-operation of many minds, and even of generations. The investigation of them is, besides, generally on a level with common capacities. Already the diagnostics of Laennec have received much correction from less gifted men than he, and you may depend upon it they need much more still. As the authority of the *master* decays with time, so we may expect will his omissions be more boldly supplied, and his mistakes more freely and fully rectified.

The palpitations complained of by the girl, I may remark, were probably symptomatic of the tuberculation. I have met with a good number of cases in which palpitation had drawn away in a great degree or altogether the attention of the patient from well-known pulmonary symptoms. Some years ago I had a woman in the very same ward, I think, who was an intelligent person, and assured me she had labored incessantly for nearly a dozen years under palpitation, of which principally she still complained; and yet this woman's age was mature and beyond the hysterical period, and her heart was clinically and post-mortem proved perfectly normal; while her only disease was phthisis in both lungs, of which she died after a short residence in the Infirmary. This was an extreme case, of course; but I know at this moment of several instances in both sexes of the connection between palpitations and tubercular lung. You should bear this in mind.

Summary.—Before passing to the next case, let me remind you generally that the diagnosis of incipient phthisis practically may be said to turn mainly on a general view of the past history, and a precise estimate of the present physical signs. Habitual cough, frequently recurring catarrh, hæmoptysis, &c., are well-known symptoms, and require no notice at present. The great question in such cases is—what is the physical condition of the lungs? Are they as porous and open to the passage to and fro, in and out, of air in breathing, as they ought to be? To determine this we have commonly only to examine carefully the chest about the collar-bones, in the arm-pit, and the top of the shoulder and about the upper half of the shoulder-blades; to observe whether the corresponding parts are equally resonant on being percussed; whether the parts about the collar-bones move (by rising and falling, or sinking) equally in breathing; whether they are of the same shape and fulness; and whether the sounds of breathing are soft and diffused, and particularly whether expiration is accompanied by a very distinct sound. If consolidation, i. e., tuberculation, be present to any extent, the defective side will manifest it by more or fewer of the signs just referred to; and where those tests, applied by competent persons, afford no decisive result, then no positive or satisfactory diagnosis can be hazarded.

As these three cases are still under treatment, I shall at present say nothing of the particular remedies employed; they are all doing well, I think, and are on a sustaining diet, with alkaline, soothing, diuretic medicines.—*London Lancet.*

ENTIRE DIVISION OF THE MASSETER MUSCLE, FOR RIGIDITY OF THE JAW.

BY J. W. SCHMIDT, M.D., NEW YORK.

[Communicated for the Boston Medical and Surgical Journal.]

Miss S. had labored for more than twelve years under the very serious inconvenience of not being able to open her mouth, owing to a contraction and rigidity of one of the masseter muscles, which was caused by an extensively ulcerated throat when a child. The jaw was not only so closed that the end of the little finger could not be inserted between the incisors, but was also much drawn to one side. Frequent attempts had been made to open the jaws by means of an instrument, which I have seen succeed in cases of immobility of the jaw, produced from the use of mercury, and described by Professor Mott in the fifth volume of the American Journal of Medical Sciences for November; but no permanent good resulted from this instrument, for after its use the contractility of the masseter seemed only aggravated, and the jaw rendered more firmly resistant.

The young lady being very desirous to have this inconvenience and deformity removed, after some examination of the case I determined on the following operation. On the 8th of October, 1841, in the presence of my friends Professor Mott and Dr. C. A. Porter, I passed a narrow bistoury through the mucous membrane of the mouth, immedi-

ately in front of the anterior edge of the masseter muscle, about on a line with the alveolar processes of the lower jaw. Holding the integument up from the muscle with one hand, the bistoury was passed over the masseter, between it and the integuments, and the muscle completely divided to the bone. The mouth was immediately opened to near the usual size, and the lateral distortion of the jaw much improved. Considerable hemorrhage followed, and some extravasation into the cellular substance, which gradually subsided, and the case succeeded well. To prevent union of the muscle as before, pieces of soft wood, wedge-shaped, were kept in the mouth during the night, and occasionally during the day.

I am not aware that the entire division of the masseter on the subcutaneous principle has before been performed. Professor Mott, who witnessed a great many orthopedic operations by Guérin, has never seen him divide this muscle, nor has he done it. I was informed, by a practitioner in this city, that the masseter had been divided by Dr. Mutter, of Philadelphia; but on referring to his paper, published in the *American Journal of Medical Sciences* for May, 1840, I find that he only divided the anterior fibres of the muscle, with an instrument resembling a gum lancet. The knife being introduced within the mouth, had the great advantage of leaving no scar.

June 22, 1842.

MEDICAL TESTIMONY.

[It was our determination not to give place to another line relating to the mooted case of the fractured limb in Cortlandville, N. Y.; but the following affidavits are urged upon us, against our convictions of their utility, with the cogent plea that truth demands their publication and circulation. With a most complying desire to accommodate both parties and set the public mind right, we are worse off now than in the beginning of the controversy; and we very much fear that at this rate of clearing up other people's obscurities, we are laying the foundation for the future ill will of every person who has in any way been identified with this affair. We can truly say that we wish Smith had never broken his leg!]

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I perceive in your Journal of May 11th, a letter from Drs. Goodyear and Hyde, in reference to the case of Wm. Smith; in answer to which I would respectfully request that you publish the following affidavits from Drs. Harmon Van Duzen and Joel R. Carpenter, that your numerous readers may know, as they have a right to, the whole truth in relation to this matter.

Respectfully yours,

Cortlandville, June 12, 1842.

A. B. SHIPMAN, M.D.

State of New York, Cortland County, ss.

Harmon Van Duzen, being duly sworn, deposeth and saith, that he is

a physician and surgeon in the town of Tully, in the County of Onondaga and State aforesaid; that he has been such practitioner for about fifteen years. And this deponent further saith that he is personally acquainted with William Smith, of Cortland County, who has been the subject of controversy in said County. And on or about the first of May last, I examined the leg of said Smith, and found the leg sound and entirely free from disease, the bone united by firm and healthy callus; that there is no sinus or diseased bone upon the leg, no ulceration or discharge of any kind; that the foot stands in its relative position to the leg, and is no more likely to become diseased than the other leg. And this deponent further saith, that the motion of the ankle-joint is tolerably free, and the patient walks with apparent ease and with but a trifling limp, hardly perceptible to a casual observer. And this deponent further deponeth and saith, that he considers the cure as complete and perfect as is ever met with in cases of this description, and that the said Smith was in apparent good health. And further this deponent saith not.

H. VAN DUZEN, M.D.

*Sworn to and subscribed before me, }
this 2d day of June, A. D. 1842. }
HOMER GILLETT, Just. Peace. }*

State of New York, Cortland County, ss.

Joel R. Carpenter, being duly sworn, deposeth and saith, that he is a physician and surgeon in the town of Cortlandville, in said County; that he is the regularly employed physician and surgeon at the Alms-house in and for the said County, and has been for more than one year anterior to this date; that he is intimately acquainted with the inmates of said establishment during the period aforesaid; that William Smith has been an inmate of said establishment during the year 1841, for about two months; that his being there was in consequence of poverty, more than from any other cause; that I have been intimately acquainted with said Smith, since his confinement at the Alms-house in 1839 with a compound fracture of the leg; that said Smith left said Alms-house in the spring of 1840; that I have repeatedly examined said Smith's leg since that time, and for the last time on the 29th of April last; that during my practice I have not made any application, nor has any been necessary, to said leg, but on the contrary the leg has been free from any discharge of the sinus for eight months last past; that the last time said Smith came as an inmate to said establishment, he said he had hurt his leg in attempting to get on to a horse, and on examination I found he had rubbed a small piece of skin off his leg, above where the sinus had been, but that no application was made, nor was it necessary in my opinion; that on a thorough examination of said leg I found the bone united by sound and healthy callus, and no more appearance of ulceration than in the other leg; that said Smith is at work at his trade, is in perfect health, and able to perform a good day's work. And further this deponent saith not.

JOEL R. CARPENTER.

*Sworn to and subscribed before me, }
this 21st day of June, A. D. 1842. }
HOMER GILLETT, Just. Peace. }*

ASYLUM FOR THE INSANE IN PENNSYLVANIA.

[In obedience to a resolution of the Legislature, William Strickland, Esq., the architect of the new Asylum for the Insane, has made the following report of the progress of the work, accompanied by a description of the edifice, which should have a place in all medical periodicals, for future reference.]

The foundations are laid upon a beautiful site of elevated ground on the west side of the river Schuylkill, between Gray's Ferry and Carr's Gardens, and between the Philadelphia and Baltimore Rail-road and the Darby road, and elevated above the river upwards of fifty feet; commanding at once a fine prospect of the river and of the city of Philadelphia and her most extensive and useful public works.

In plan the building consists of a central projection and main wings, flanked by verandahs upon each of the returned wings. The principal front is towards the N. E., and is 467 feet in length. The returned wings are each 236 feet; these, as well as those of the front, are three stories in height. The centre building and verandahs are four stories, each with a quadrangular pitched roof, and the whole to be covered with Pennsylvania slate over a bold projecting eave.

The wings alone contain the dormitories for each class of the insane, and they are calculated to accommodate 300 patients. They are situated on each side of a gallery or corridor 10 feet in width; dimensions of the chambers 7 feet by 10 feet, and from 11 to 12 feet in height, and the ceilings of them all to be arched with brick. Each chamber is to be ventilated by a flue rising to the roof, and an open sash over each door-way, which is opposite to each of the windows on the front and rear.

The warm air is to be introduced by flues from eight furnaces to be constructed in the cellar story, and passed into the corridors of each separate story, there to be regulated by dampers placed eight feet above the floor.

The sash of all the windows are to be of cast iron, fixed upon central pivots in the sill and head, and so arranged as to open six inches on each side by the whole height of the window; the glass to be glazed in the cast-iron frame, and a wooden frame surrounding the window sustains the whole.

In the arrangement of all the corridors or passages they are made to have a free communication with the open air at each end; the one end entirely clear of the rear of the centre building; the other communicating with the verandahs, which are to be used as play-rooms and for games and exercise either in fair or foul weather. These are each 50 feet square, and will be well lighted and ventilated with moveable sash.

The cellar story is to be 5 feet above the surface of the ground and 6 feet below it. This story to be surrounded by an area 7 feet in width with sloping banks in every direction.

The kitchens and wash-rooms are situated in each wing immediately under the dining and bath-rooms of the upper stories. The water-closets as well as the bath-rooms have their drops into culverts of large dimensions, which are to be arched over beneath the cellar floor, and a

fine spring of water will be introduced, under a rapid descent, to keep the conduits clean.

The furnaces for the generation of hot air are to be placed in this story, two for each wing, and the flue from each contains a cast-iron smoke stack of 10 inches in diameter; they will be constructed for burning anthracite coal, and supplied with air to be heated through openings leading from the outside of the building.

The cellar story also contains all the necessary store-rooms, drying-rooms, laundry, bakery, family dining-rooms, as well as rooms for domestics, and upon the return wings a sufficient number of rooms, say 20 for the males and a similar number for the females, are to be constructed and set apart for the special accommodation of noisy and violent patients. In each of these wings three distinct classes of patients can be accommodated, and from the position of the returned verandahs at the extreme ends of the building, the most noisy will not interfere with the quiet of the inmates of the main building.

The basement story, or first floor, is divided into rooms ranged along the sides of the corridors, and extending from a centre building through wings which terminate at verandahs. The centre building is 95 feet by 52, and contains on the principal entry hall two rooms of 18 feet square, each side of which is intended for the use of the Superintendent as parlors, offices, library and apothecary shop. In the second story the same arrangement of rooms is intended for the officers resident in the Asylum, such as two parlors, steward's and attendants' rooms; a reception chamber for visitors, and other rooms intended for the better class of convalescent patients. All the other stories are similar in their arrangements and fixtures to those just described, and the right and left wings are completely separated in the rear by the projection of the centre building.

A supply of water may be derived from a beautiful spring run which flows through the whole extent of the premises, which may be dammed up at a small expense, and the water power used to fill the tanks which are to be placed under the roofs of the verandahs and centre building, from which the water may be conveyed to every section of the building for bathing and other purposes.

All the fixtures for washing and drying clothes are to be in the cellar story of the verandahs immediately under the tanks or reservoirs, and funnels will be made at every stair-way from the different stories and wards, into which soiled articles are to be thrown down into the receiving rooms and from thence into the wash-rooms.

Dumb waiters are to lead from the dining-rooms of each story directly into the kitchens below, in which fixtures of the most approved construction are to be placed for steaming, boiling, baking, &c.

One of the chief merits of the plan now entered upon consists in the location of all the chambers and rooms, where hot or cold water is to be used, over the sewers or culverts which are founded beneath the cellar story along with the rear walls of the building, so that all the waste water from the interior, the yards, roof, and from the Indian spring, flows through the culverts upon a rapid descent, which at once will cleanse

and prevent the escape of effluvium throughout the whole establishment. These conduits are sufficiently large to allow a man to pass through their whole extent, and from the situation of the building on the site, the ground falls off in every direction towards the spring run, which empties itself into the river Schuykill on the eastern boundary line of the farm.

The architecture of the principal front is of the plainest possible character; without mouldings, columns, pediments, architraves or cornices. It is simply a plain rubble-stone structure, to be dashed up with gravel mortar in a strict rustic style, and with Tuscan proportions. All the wood of the exterior as well as that of the interior is to be varnished and not painted. The dormitories and passages are to be finished in rough sand plastering without cornices or mouldings, or any decoration whatever; and the cost of the whole building, including the furniture and contingent expenses with the purchase of the land, will not exceed the amount appropriated by the Legislature.

NEW HAMPSHIRE MEDICAL SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The Fellows of the New Hampshire Medical Society assembled at the Phoenix Hotel, in Concord, on the 31st ult., where they have long been accustomed to greet the return of the Society's anniversaries. With warm hearts they hail the day, when they are permitted to meet and extend the hand of friendship, and feel the warm and fraternal "grip." After having endured the trials and anxieties incident to the profession, and been weighed down by those solemn responsibilities which none but a physician can appreciate, how cheering to find *one* day in the year when we can meet those kindred souls with whom we can sympathize, and enjoy that mutual interchange of good feeling, upon which the happiness of social life so greatly depends.

The meeting was well attended, and the annual business of the Society was disposed of harmoniously and with despatch. Two interesting dissertations were listened to with deep interest by the members, and other literary gentlemen present: one from Professor Crosby, of Hanover, on hernia, its surgical anatomy and treatment; the other from Dr. Savory, of Hopkinton, upon the present condition of medicine as a science and a profession.

One circumstance rendered our meeting peculiarly solemn, and cast a gloom over our deliberations. Since our previous annual meeting the chair had been vacated by death—a circumstance which had never before occurred since the organization of the Society. Dr. Luke Howe, of Jaffrey, who had so honorably filled it, was no longer there; and his memory will long be revered by every member. He was universally beloved and esteemed by his associates; and his loss will be deeply felt, not only by the Society, but by the profession generally. Resolutions expressive of the deep feeling of the members, and of sympathy with his afflicted family, were unanimously adopted. Dr. I. Colby of Keene, and J. Batcheller

of Marlborough, were appointed to prepare a memoir of Dr. Howe, to be read before the Society at its next annual meeting.

I notice in the account given in your Journal of the meeting of the Massachusetts Medical Society, that wine was excluded from its tables. This is as it should be, and worthy to be imitated by all medical associations. New Hampshire, however, is a little in advance upon this point. I think it is more than ten years since ardent spirit and wine were banished from the board of the New Hampshire Medical Society.

The following list of officers were elected for the current year:—

Dixie Crosby, Hanover, *President*.

James Batcheller, Marlborough, *Vice President*.

James B. Abbott, Boscawen, *Secretary*.

R. P. J. Tenney, Loudon, *Treasurer*.

Counsellors.—Nathaniel Wright, Gilmanton; Charles A. Savory, Hopkinton; James Farrington, Rochester; Joseph H. Smith, Dover; Israel Burnham, Antrim; Jacob A. Wood, Hancock; Amos Twitchell, Keene; Isaac Colby, Keene; Josiah C. Eastman, Hampstead; William Brown, Chester; Silas Walker, Bedford; David Flanders, Londonderry.

Censors.—Moses T. Willard, Concord; Andrew McFarland, Sandwich; John S. Fernald, Barrington; Noah Martin, Dover; Daniel Adams, Mount Vernon; Micah Eldridge, Nashua; Isaac Colby, Keene; Amos Twitchell, Keene; Josiah Bartlett, Stratham; Joseph Eastman, Candia; Silas Walker, Bedford; David Flanders, Londonderry.

Committee of Correspondence.—Josiah Bartlett, Stratham; Julius H. Morse, Manchester; James Batcheller, Marlborough; Luther M. Knight, Thornton; Francis P. Fitch, Amherst; Stephen Drew, Milton; Dixie Crosby, Hanover.

Delegates to the Examinations at the Medical Institution at Hanover.—Francis P. Fitch, Amherst; James Farrington, Rochester.

Orators for 1843.—Josiah H. Smith, Dover; Luther M. Knight, Thornton. *Substitutes*.—Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden.

The following gentlemen were elected members of the Society, viz.: Jacob A. Wood, Hancock; Harrison Eaton, Merrimack; Thomas R. Crosby, Meriden; Julius H. Morse, Manchester; and William D. Buck, Concord.

Yours respectfully,

Boscawen, June, 1842.

JAMES B. ABBOTT, *Sec'y*.

HARTFORD RETREAT FOR THE INSANE—EIGHTEENTH ANNUAL REPORT.

[THIS is another of those interesting reports which now annually come to us from different parts of the country, each marked by its own peculiar excellences. We gather from it that the number of patients at the beginning of the year, was 83; admitted during the year, 96; total during the year, 179. Discharged, recovered, 56; improved, 16; unimproved, 9; dead, 8—total, 89. Remaining at the Retreat, 90. The portion of it by Dr. Brigham, the Superintendent, contains many valua-

ble suggestions, which are well worthy of a more extensive circulation than they will obtain in the printed report. The following extracts are all we have room for the present week.]

"By recovered, we usually mean complete restoration of the mental powers. Two of the individuals discharged this year, and reported as recovered, are still very eccentric, though they do not now manifest anything that their friends call insanity, are able to attend to their affairs, and are as well as they were for several years before they were called insane. Such individuals, after having had an attack of insanity, and been at an asylum for the insane, and recovered, are ever after considered some deranged, but they would have been so considered years previous, had they then been sent to such an institution.

"Some few other individuals, though reported recovered, did not, when they left us, exhibit their former mental vigor; from several of these we have heard, that at home they have entirely recovered in this respect, or are steadily improving. With these few exceptions, those that we have reported as recovered, we consider completely so.

"We have been thus particular, to guard against an impression, that those who have been once decidedly insane, never have their mental powers fully restored. From our own observation, and extensive and careful inquiry respecting those who have heretofore been discharged from this Institution as recovered, we know the contrary is the fact. Many who have been here as patients, are now among the most industrious and intelligent persons in the community, and some of them filling stations of high responsibility, as parents, teachers, clergymen, lawyers, physicians, merchants, &c., and discharging their duties with propriety and ability. Some few, I am happy to say, exhibit more mental vigor and ability, than previous to the attack of insanity. Of this I feel confident, from my own observation, and the declarations of their friends, and of the individuals themselves; besides, it is not very surprising that such should occasionally be the result, as it can be explained on physiological principles—the unusual and long-continued excitement of the brain, having permanently increased its power and activity."

* * * * *

"The inculcation and general prevalence of correct views respecting the nature of insanity, I consider of great importance. It is their prevalence, though to a limited extent, that has led to the improved treatment of insanity within the last half century, and were they now generally established, they would be acted upon—the causes of the disease often avoided, medical advice solicited, and a proper remedial course adopted, the same as in attacks of other diseases. Correct views of this disease would lessen the terror with which it is now regarded. 'Whoever,' says Sir James Mackintosh, 'has brought himself to consider a disease of the brain as differing only in degree from a disease of the lungs, has robbed it of that mysterious horror which forms its chief malignity.'

"Such views would aid in curing the disease, by their impression on the minds of patients. There are many deranged persons who know they are deranged, but their ignorance of the nature of mental disorder, or their erroneous notions about it, tend rather to discourage them, and to

annihilate all hope. I have in several instances of the melancholy insane, known the first symptoms of amendment to arise from the belief, faint to be sure, at first, that all their fears and mental anguish might be the consequence of disease of the body; and if so, might be cured. An esteemed friend who was here several months, and for some time the most wretched and melancholy patient we ever had, has told me, since his recovery, that the first ray of hope that beamed upon him, arose from being told, and partially convinced, that his singular apprehensions—his peculiar mental state—might be the result of disease of the brain and nervous system, and he also assured me that nothing aggravated his feelings, and injured him so much, as the efforts of his friends to cure him by reasoning and arguing with him against his delusions. Another told me in a conversation respecting the danger of a relapse, that she had but little fear of such a result, as she now knew that her mental disturbance was gradual in its approach, and arose from disease of the brain, caused by too violent application of mind, and that hereafter she believed she should know how to prevent a recurrence of an attack, by avoiding the causes likely to induce it, and to recognize and properly treat the early symptoms, should they occur.

“A knowledge of the nature of the disease would frequently lead to its prevention. Insanity in most cases arises from undue excitement and labor of the brain; for even if a predisposition to it is inherited, an exciting cause is essential to its development. Hence everything likely to cause great excitement of the brain, especially in early life, should be avoided.

“The records of cases at this Institution, and my own observation, justify me in saying that the neglect of moral discipline—the too great indulgence of the passions and emotions in early life, together with the excessive and premature exercise of the mental powers, are among the most frequent causes that predispose to insanity. But these causes are in no other way operative in producing insanity, than by unduly exciting the brain. By neglect of moral discipline, a character is formed subject to violent passions, and to extreme emotions, and anxiety from the unavoidable evils and disappointments of life, and thus the brain, by being often and violently agitated, becomes diseased; and by too early exercising, and prematurely developing the mental powers, this organ is rendered more susceptible and liable to disease.

“I am confident there is too much mental labor imposed upon youth at our schools and colleges. There have been several admissions of young ladies at this Institution, direct from boarding-schools, and of young men from college, where they had studied excessively. Should such intense exertion of the mind in youth not lead to insanity, or immediate disease, it predisposes to dyspepsia, hysteria, hypochondriasis, and affections allied to insanity, and which are often its precursors. Should that portion of the community, who now act most wisely in obtaining a knowledge of the functions of the digestive organs, and in carefully guarding them from undue excitation, be equally regardful of the brain, they would do a very great service to society, and in my opinion, do much towards arresting the alarming increase of insanity, and all disorders of the nervous system.”

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 6, 1842.

EDITORIAL NEGLECT.

PREFACING the neurological record of the late Dr. Doane, in the Western Medical Recorder for June, which was copied from this Journal, a delicate hint is given that those medical editors who aided in promulgating an article of intelligence in relation to a small difficulty between one of the faculty and a student of the Lexington Medical School, have not done their duty by contradicting the story, when they had learned that the paragraph was perhaps a newspaper article, greatly exaggerated, if not wholly untrue.

Now this may perhaps have all been intended for ourselves; but it may be only an unjust surmise, and we fully intend considering it a capital hit at those negligent conductors of the medical press, who seem to forget that there are other people in the world besides themselves. We were prompt, to a moment, when an official contradiction of the transaction alluded to, was received, to place it in the spot where manuscripts for insertion in the Journal are always placed, and we presumed that it had been inserted. On inquiry, however, to our sad mortification, we find that by some unaccountable mishap that particular piece has been mislaid. This is the sole reason of the report in question remaining uncontradicted so long.—It gives us no pleasure to witness the efforts of unprincipled men to destroy the reputation of a professional brother. All our humble efforts have in view the protection of the rights and privileges of medical men, in connection with the onward and upward progress of a science that contemplates the happiness of the whole human race.

Practical Pharmacy.—Very many practitioners, who may prescribe with skill, know little or nothing of the process of preparing a variety of their most efficient compounds. In fact, it is a question whether some of their most active remedies could be identified by themselves were they driven to the necessity of going to the shelf of the druggist to prepare them.

“To obviate this great defect,” says the circular of the University School of New York, “arrangements are made with Messrs. Sands, two practical apothecaries, and a large, convenient apartment in the college building is appropriated to the object of giving each student an opportunity of becoming practically acquainted with the approved modes of compounding medicines, putting up prescriptions, and other manipulations in the laboratory of the practical pharmacist.” This is decidedly an admirable idea, and the information that will be acquired by seeing, touching and tasting, in such an establishment, cannot be otherwise than permanently beneficial to all who have access to it.

Metallic Corslets.—If a mother should imprison a daughter in one of the metallic corslets used in some of the private institutions where it is

fashionable to send youthful female invalids—and do it as a punishment for some infraction of a law of the nursery, she would be denounced as a cruel, wicked, unnatural woman, and, ten chances to one, would receive a citation from the police judges, to answer for the offence. Yet a physician is not only permitted to rig these abominable brass bars on to the delicate bodies of young girls—but he is also allowed to keep them there for months together, against the plainest dictates of reason and common sense. To argue with people with a view to convincing them of the utter uselessness of such a contrivance, or to demonstrate the positive injury that in many instances must necessarily result from the mechanical effects of such a ponderous case of inelastic wall, is labor in vain. That a medical adviser should, however, be successful in imposing upon intelligent parents in this way, is really astonishing, and a fit subject for an instructive chapter in the future medical history of the world.

House for Invalids.—A prominent physician of Boston, in whom all have confidence, has some thoughts of establishing an institution in the immediate neighborhood of the city, for the special purpose of receiving patients, both male and female, with all kinds of diseases of the chest. Instead of one great edifice, an *omnium gatherum*, in which young and old, great and small, are usually congregated, as in ordinary hospitals, this gentleman contemplates a series of cottages or farm houses, as they may occur in the village that is selected for his sanitary labors, in which all may be accommodated according to their tastes, means, or special necessities, in their domestic arrangements. Carriages, athletic exercises, and indeed all the approved methods of invigorating and developing the body, especially when debilitated, are to be provided. Indoor and outdoor amusements, as the auxiliary measures in the general course of treatment, too numerous to particularize, are also contemplated. The salubrity of the air, the quiet of the location, the beauties of forest and field, and the ample provision for the individual comfort of each patient, are considerations of the highest importance to one seeking relief from the fearful approach of any disease of the vital organs. Lastly, medical advice, from a source which would inspire hope, if it were ever warrantable, would be found there.

Although we have as yet only been made acquainted with the general features of the proposed plan, it strikes us favorably, and we really feel considerable solicitude in regard to the time when the public may be notified of the proprietor's readiness to receive dyspeptics, consumptives, and those with organic affections of the heart, &c., from this crowded city.

Cancer of the Lung.—A woman, aged 40, laboring under a well-developed case of cancer in the lung, a form of lung disease which Laennec says he never noticed, and which is not referred to by any known medical writers, recently died at the University Hospital, under the care of Dr. Taylor. The cancer would doubtless have been confounded with tubercle, had not peculiar circumstances led to an extremely close scrutiny. The distinction was only marked by the surface of the matter infiltrated through the tissue of the lung, having in various places a pink hue, and being vascular, a distinction shown to be more decided on microscopic examination. The heart was somewhat atrophied, a circum-

stance supporting the remark of Louis, that the hearts of persons dying of cancer are smaller than those of persons dying of any other malady.—*London Medical Times.*

Opium.—Dr. Golding Bird related to the Westminster Medical Society, the case of a lady, 26 or 27 years of age, who had suffered for several years from an acute pain, coming on in paroxysms, in the region of the kidneys and loins, and for the relief of which she had resorted, seven years since, to morphia. She had two years since increased the dose to ten grains of acetate of morphia three times a day; she had continued that dose to the present time without any obvious ill effects; all the functions seemed to be properly carried on, and her appetite was good; there was no sign of organic disease present. He suspected the case to be one of hysteria.

Mr. Elliott related the case of a gentleman who took two drachms of opium daily, and that of a lady who took six drachms of the drug in the course of a week.—*London Lancet.*

Emetics in confirmed Croup.—M. Marotte, in a long article in the "Gazette Médicale," enforces the necessity of repeated and large doses of emetics, aided by local depletion, mild purgatives, and blisters, in decided cases of croup. Dr. Marotte agrees with Dr. Delaroque on the necessity of acting vigorously within the first two hours from the accession of the disease: thus, he commences by applying leeches, and whilst the patient is in a state bordering on syncope, he gives large doses of emetics, being indifferent as to the particular emetic administered, and follows them up with a blister, all within an hour or an hour and a half. If the first administration of emetics only produces temporary relief, they are to be repeated every three, four, or five hours, until a decided benefit is obtained.—*Ibid.*

Medical Miscellany.—The National *Ægis* says that Dr. Woodward will probably remain at Worcester, declining the office of Superintendent of the New York Asylum at Utica.—Is the Western Medical Journal, at Louisville, still published? We have seen nothing of it for months.—Mr. Ticknor has imported more copies of a splendid English work on materia medica.—A new edition of Bell's Anatomy is called for, revised.—Several melancholy cases of hydrophobia have occurred of late.

BOOKS RECEIVED.—"Homœopathy, with particular reference to a lecture by Dr. O. W. Holmes. By A. H. Okie, M.D. Boston."—"An answer to the Homœopathic Delusions of Dr. O. W. Holmes. By Charles Neidhard, M.D., Philadelphia."—Catalogue from the Castleton Medical College.

MARRIED.—At New Ipswich, N. H., Edward Spalding, M.D., of Nashua, to Dora E. Barrett, of N. I.—In Trinidad de Cuba, March 13, Dr. Don Justo G. Cantero to Donna Maria Monserrate de Lara, widow of the late Senor Don Pedro Yzruaga. Dr. C. resided in Boston a few years since, and studied medicine under the instruction of Dr. J. C. Warren.

Number of deaths in Boston for the week ending July 2, 23.—Males, 12; Females, 11. Stillborn, 4. Of consumption, 2—scarlet fever, 1—infantile, 8—dropsy, 1—debility, 1—ulcers in the head, 1—measles, 2—drowned, 1—suicide, 1—hooping cough, 1—worms, 1—erysipelas, 1—dropsy in the head, 1—old age, 1—apoplexy, 1—fits, 1—inflammation of the bowels, 1—bleeding at the lungs, 1—sudden, 1.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

ELZA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class.

Castleton, Vt., May 26, 1842.

Je. 29.—1A4

JOSEPH PERKINS, Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston.

Je 29—eptm

JOHN JEFFRIES, Secretary of Censors.

SURGICAL INSTRUMENTS.

MAYNARD & NOYES, wholesale druggists, 11 Merchants' Row, have constantly on hand a full assortment of Surgical Instruments, which they will sell to physicians and dentists at a small advance on manufacturers' prices—consisting in part of the following:—Amputating, trepanning, midwifery, dissecting, dental, hydrocele, eye, lachrymal, pocket, stomach, injecting, cupping and breast instruments, in cases. Scarificators, silver male and female catheters, gum-elastic catheters, bougies, pessaries and nipple shields. Suspensory bandages, silver and brass spring lancets, thumb and gum lancets, tourniquets, tonsil instruments, trocars, stethoscopes, trusses, needles, extracting instruments in cases, turnkeys; Flagg's teeth forceps, 12 patterns; teeth forceps, straight, curved and hawk-bill shape; tooth punches, borers, pluggers, scrapers, hooks and files, platina wire, gold and tin foil.

Je 1—famly

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed gratis. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$15. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by

DIXIE CROSBY, M.D.

Materia Medica, Medical Jurisprudence and Medical Botany, by

EDWARD E. PHELPS, M.D.

Chemistry and Pharmacy, by

OLIVER P. HUBBARD, M.D.

Theory and Practice of Physic, and Pathological Anatomy, by

JOSEPH ROBY, M.D.

Anatomy and Physiology, by

EDMUND R. FRASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

Moses A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18.

Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—1A

H. H. CHILDS,

President.

IMPROVED SILVER CATHETER.

THE superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row.

My 11—

D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 13, 1842.

No. 23.

RAMOLISSEMENT OF THE BRAIN.

BY WILLIAM ALEXANDER, M.D.

JOHN SMITH, aged 11, of spare habit and sallow complexion, for eight months complained occasionally of headache, chiefly referred to the forehead, which increased in severity during the five weeks preceding death, coming on in paroxysms of short duration, with intervals of two or more hours, though never entirely free from pain. When free from a paroxysm, he walked about, and amused himself with his companions; latterly he became inactive, his gait constrained, carrying his head steadily as if fearful of moving it; attended school regularly till within eight days of his death, and had never been confined to bed an entire day; appetite good, but had vomited, immediately after his meals, for fourteen days before death; bowels confined, with occasional griping pains; urine scanty and high colored.

I was called to see him for the first time on the 3d of July, 1841, and found that he had shortly before vomited some blood, mixed with mucus and bile, and was standing holding his head with both hands, complaining of great pain in the forehead, which abated in a few minutes; the face was much flushed, but became pale, with an expression of sadness on the cessation of the pain; the eyebrows were contracted; the eyes dull and heavy; the pupils dilating but contracted to the light of a candle, and the upper eyelids relaxed; heat of skin natural; pulse 70, and firm; much throbbing of carotids; no secretion from nostrils; the schneiderian membrane redder than natural; tongue white, and no thirst. Had had no medicine, except a few "worm powders." Ordered the head to be shaved, six leeches to be applied, and four grains of calomel at bed-time.

The calomel was given, and operated twice, after which the headache and vomiting ceased. The father did not think it necessary, therefore, to shave the head or apply the leeches; and on the 4th took him to a neighboring town. On the fifth he again took him to a town five miles distant; he seemed to enjoy himself, walked all the way home, having had only one paroxysm of headache, and vomited once during the day. During the night he became restless, and complained of headache, but slept towards morning; a few minutes before 11, A. M., he awoke, complaining of the headache; a little girl only being in the house, went out to apprise his father; but before he arrived the boy had expired, apparently in the entire possession of his faculties.

Inspection, forty-eight Hours after Death.—No emaciation ; countenance placid.

Head.—The sinuses of the dura mater gorged with a dark-colored fluid blood. That portion of the arachnoid lying over the middle lobes of each hemisphere showed several opaque spots. The pia mater was unusually vascular, and its vessels contained numerous bubbles of air. The convolutions much flattened ; the cineritious matter of a pinkish hue ; the medullary matter, when cut into, presented an immense number of bleeding points.

The ventricles contained three and a half ounces of a limpid fluid. The choroid plexuses were firm and vascular, and did not present the usual blanched appearance when fluid has been present. The whole floor of each lateral ventricle, and a small portion of the anterior lobe of the right hemisphere, were in a complete state of ramollissement, the parts being reduced to a greyish-colored, pulpy mass ; the other parts of the cerebrum were healthy. The left lobe of the cerebellum was healthy. On cutting into the right lobe it was found to consist of an apparently healthy shell, as it might be called, varying from a quarter to half an inch in thickness, the central substance being reduced to the consistence of pus ; and imbedded in this was a tubercle as large as a walnut, rather oblong, nodulated, and grey in color, the external covering resisting the knife ; internally it presented no trace of organic structure, and resembled the medullary matter of healthy brain. The corpus olivare of the right side was much enlarged and firm. The medulla oblongata very firm. A considerable serous exudation in the spinal sheath : other organs not examined.

The absence of severe symptoms and the sudden dissolution are the points worthy of observation in this case. The headache and vomiting were the only symptoms, showing that a guarded prognosis ought to be given when they are present in anomalous cases. The experiments of Flourens, Serres, Magendie, Bell, and others, would lead us to expect that such a state of brain would produce either vertigo, convulsions, rigidity of extremities, strabismus, optical delusions, blindness, deafness, impaired or increased sensibility of skin, aphonia, loss of muscular power, aberration of mind, yet one and all were absent ; and we have seen that the patient continued at school till a few days before death, and on the night before his death walked five miles. I might extend this paper by reasoning on these physiological observations, but it would be an unsatisfactory labor ; and although from the acknowledged talents of the observers, I cannot say "*experientia stultorum magistra*," still this and similar cases show that we have as yet scarcely begun to deduce correctly the morbid state of the brain and nervous system from symptoms during life.—*London Lancet.*

THE LATE DR. HOLBROOK.

[THE following particulars respecting the life and character of this distinguished physician, whose death we lately announced, are copied from

the Courier, of this city. They appear to have been drawn up by one who was familiar with the history and who knew the worth of the venerable subject of his remarks.]

Nearly seventy years of the long and useful life of this eminent physician were spent in the practice of the medical profession. Dr. Holbrook entered upon his career with but little previous preparation; but he made up for the want of the advantages of education in youth, not only by experience and skill acquired while he was a surgeon in the continental army, and by an extensive practice in Milton and the vicinity, but by a remarkable devotion to the study of his profession, early begun and continued to the last year of his life. By this course of self-teaching, he acquired a deservedly high reputation, and was honored and respected both at home and abroad.

He was born in the town of Bellingham, in this State, on the 23d of January, 1754. At an early age he began the study of medicine, under the direction of his maternal uncle, Dr. Metcalf, of Franklin; and subsequently pursued it for a short time in Providence. In August, 1775, he joined the army, at Cambridge, in the capacity of surgeon's mate to the regiment commanded by Col. John Groaton. Having passed a satisfactory examination in March, 1776, he received a commission as surgeon in the same regiment, and soon afterwards accompanied it to New York, and embarked for Albany, with the troops destined to reinforce those that were engaged in the expedition to Quebec. The unsuccessful issue of the campaign in Canada compelled them, after reaching the mouth of the Sorel, to retreat to Ticonderoga. Dr. Holbrook was transferred to Col. Joseph Vose's regiment, which he followed into New Jersey. He was obliged, in March, 1777, to apply for a discharge, in consequence of ill health, and returned to Massachusetts. Immediately afterwards he went to Milton, where he was induced to establish himself by the advice of Col. Vose and other officers belonging to the same town, with whom he had become acquainted in the army. A severe attack of fever and ague, contracted probably in his previous campaign, led him, towards the end of the summer, to try the benefit of a sea voyage; and having obtained a situation as surgeon in a letter-of-marque, commanded by Captain Truxton, he sailed for the coast of Europe, visited France, where, being detained several months in port, he spent his time in seeing practice in the hospitals and improving himself in the knowledge of his profession, and returned to Milton, after an absence of rather less than a year, in perfect health.

Soon after his return, Dr. Holbrook succeeded in establishing temporary hospitals for the reception of patients inoculated with the small-pox; and by this means became known to the people of the town. Prepossessing in appearance, pleasing in his manners, possessed of great bodily activity, and ardent and indefatigable in attention to business and in the pursuit of knowledge, he soon found himself well established in a practice, which gradually and constantly increased from year to year. He was, indeed, eminently acceptable as a physician. His very presence in the sick chamber and the soothing kindness of his address seemed to give hope to his patients, and inspired confidence in their

friends; while his assiduous attentions to the sick of all ages and conditions, and his sympathy with the afflicted, alleviated suffering and afforded consolation when the resources of art failed to arrest the progress and fatal termination of disease. He was always prompt to answer every call, and much of his time was spent in gratuitous services.

Though his disinterested benevolence and indifference to pecuniary compensation prevented Dr. Holbrook from accumulating wealth, he was rich in the blessings of the poor, who, but for his timely help, were ready to perish, and abundantly shared in the happiness which he so liberally bestowed. He took a very active part in promoting public vaccinations, though attended with a considerable pecuniary sacrifice to himself: and the town of Milton, where he resided, was the first, in a corporate capacity, to extend the benefits of vaccination to its inhabitants; three hundred and thirty-seven of whom, of all ages, from two months to upwards of seventy years, being more than a fourth part of the whole population, were vaccinated by Dr. Holbrook in the year 1808. Twelve of these persons were subsequently tested by himself with smallpox inoculation, and in due time were discharged, after successfully resisting the infection. For many years in succession he continued these public vaccinations in Milton, and kept a record of the names of those persons who passed through the disease satisfactorily. His benevolent exertions in this cause, and his general reputation, procured him, in the year 1811, the honor of an election as foreign member of the Medical Society of London, and of the Literary and Philosophical Society of Preston, in England. He was for many years a Counsellor in the Massachusetts Medical Society, and also filled for some time the office of its Vice President: and in the year 1813 he received the honorary degree of Doctor in Medicine at Harvard University.

Blessed with a vigorous constitution, Dr. Holbrook was enabled, with little intermission, to endure all the toils, by day and by night, of a laborious profession, till he was nearly 80 years old; after reaching this advanced age, and till within a few years of his decease, though his strength was much impaired by repeated and alarming attacks of sickness, and he suffered daily from an incurable organic disease, he continued to yield to the solicitations of patients who required his services. For several months he had been conscious of an increasing difficulty in respiration, especially on exertion; but it was not till near the end of December last, that this became alarming to his family. The nature of his disease was now apparent to others, as it had been to himself, and under it he gradually wasted away. He occasionally took exercise in the open air, and on the very day before his decease he was able to ride out, and to tender an office of kindness to a young and suffering friend. His faculties, with scarcely diminished vigor, remained with him to the last moment, when, without a struggle, he expired.

ON THE EMPLOYMENT OF THE CHLORIDE OF ZINC AS AN ESCHAROTIC.

BY ALFRED M'CLINTOCK, ESQ.

THE following cases, in which the chloride of zinc was employed, occurred in the County Louth Infirmary, under the care of Dr. Brunker. The manner in which the chloride of zinc was used was similar to that employed by M. Conquoin, who first introduced this remedy into practice: one part by weight of the chloride, and two parts of flour, were mixed together by adding a sufficient quantity of water to form them into a paste; this was spread over the entire surface of the diseased part, care being taken to prevent it coming in contact with the healthy structures in the neighborhood; a piece of dry lint was then laid on, and lastly, a piece of thin bladder, moistened, was placed over all and secured with strips of adhesive plaster. The patients were confined to their ward but not to bed.

CASE 1.—John Maguinness, ætat. 55, a stout, healthy countryman, was admitted 19th May, 1840, with a cancerous tumor, of a globular form, and about the size of a walnut, situated on the superior part of the pinna of the right ear; states that it began like a wart nearly four years ago, since which time it has gradually been increasing, and has become the source of much pain and annoyance. Its surface presents no peculiarity beyond what is usually observed in cancerous tumors, namely, being rugged, slightly fissured, and of a dirty brown color, hard to the touch, and firmly attached to the subjacent parts. He got a purgative draught upon admission, and on the following day the paste was applied in the manner already described, over the entire extent of the morbid growth.

21st. Complaints of a great increase of pain, which he says deprived him of nearly all rest. No acceleration of pulse—some redness immediately about the base of the tumor.

22d. Pain much less, somewhat more redness.

23d, 24th. Pain continues to diminish; a small line of separation beginning to form around the attachment of the tumor.

25th. (Fifth day since application of paste.) The slough came away in a dry, shrivelled state, except at the surface of the attachment, and bringing with it the entire of the disease. The ulcer left presented a healthy appearance, and was simply dressed with dry lint; the processes of granulation and cicatrization went on very favorably up to the 4th of June, at which time he left the hospital; however, only a very small portion of the ulcer remains uncicatrized. The shape and figure of the ear are not, in any way, altered.

The second case was in a man, ætat. 33, who had an ulcer rather larger than a sixpence, nearly circular, and having rounded edges, its surface smooth and glazed, of a dusky red hue, and destitute of any distinct granulations. It was not painful, and very slow in its progress, and had resisted various treatments. A thin stratum of the chloride of zinc paste was spread over it. During that night and the following day he suffered great pain. The slough separated on the sixth day, leaving a small

portion of the bone exposed, the exfoliation of which protracted the healing of the part.

In the third case the man was 57, of a healthy constitution, having a cancerous tumor on the left side of the nose, of three years' standing. He suffered lancinating pains in it. The base of the tumor was as large as a fourpenny, its surface elevated and convex, of a dirty brown color, and rough, the attachment to the subjacent parts firm, no discoloration of the surrounding skin. He suffered pain for near three days after the application of the paste, and suffered slight constitutional disturbance, marked by rigor and nausea. The slough separated on the fifth day. The sore was healed on the eighteenth day.

These two last cases have since been under Mr. M'Clintock's observation, and there has been no return of the disease. He has lost sight of the other case.

In commenting upon the result of the above cases, he remarks :

1st. That in each of them the application was productive of much pain, which lasted for twenty-four or forty-eight hours, after which it began to diminish.

2d. In only one instance, were there any symptoms that could be considered indicative of constitutional disturbance, and they were such as generally usher in an attack of erysipelas ; such, however, did not supervene, as these unpleasant symptoms disappeared under the use of simple remedies.

3d. In two of the cases the slough separated on the fifth day, and in the other on the sixth. The ulcer left, in each instance, was remarkably healthy, and cicatrized rapidly ; so far confirming Dr. Ure's account of this escharotic in the "Cyclopædia of Practical Surgery" Art. "Caustics."

4th. The action of the chloride in both the cases of cancer was exclusively confined to the morbid structure, and destroyed it to its entire extent. In contemplating these two facts, the conclusion is forced upon our mind, that the chloride of zinc exerts a specific action upon the cancerous growth.—*Dublin Jour. of Med. Sci.*

DR. GILBERT'S REMARKS ON SCARLET FEVER.

[Continued from page 325.]

It is my object to give an account of scarlet fever as it has come to my observation, with some brief remarks. The necessity of clearly understanding the nature and seat of a disease, before we attempt to subvert it, cannot be too strongly impressed upon every medical practitioner. Inattention to this essential caution often leads to error. There are certain appearances in the living body by which we might suppose the nature, the stage and result of each disease pointed out. We must give close attention to all the phenomena that happen, in the living body, in health and disease, and that appear after death, if we expect to manage the vital powers with *skill* and *judgment*. They are the real and unerring means by which we arrive at truth, and we must know and study

them if we wish to disentangle ourselves from the web of confusion, that is held out in text-books, as practical rules and assistants.

With this general knowledge, what may be said to uniform treatment in scarlet fever? Are there any principles to direct our judgment on the points of treatment, at an early period of the affection, so as to arrest its severity? If there are, it certainly will require experience and sagacity to apply them. Do not facts prove to us, beyond the power of contradiction, that under certain circumstances, the expectant treatment is not only safe, but decidedly the best? But facts also prove, that under certain circumstances it will not do to rely wholly upon the expectant treatment. If this be true, to make the distinction in cases is an important consideration. But to know what to do, to effectually arrest the severity of the disease, and prepare the system for the safe expectant treatment, is a still greater consideration. This the individual practitioner has got to learn himself. The medical attendant, when he sees a certain description of case, going on to admiration, under the expectant treatment, is justly delighted, and cannot resist the impulse of thought, what a fine thing it would be if all the cases would cure themselves; and is liable to become too indifferent, and rely too much upon the wonderful recuperative power of the system.

I have applied myself, with all the ability I possess, to the consideration of scarlet fever, and have arrived at definite conclusions. Some of the observations that I have made may be amusing rather than interesting; but I will give them in order. I soon became convinced that the temperament of the individual had much to do with the severity of the affection, from the fact that disasters were most frequent among lively children. I turned my attention to healthy individuals, to notice some of the most simple physiological actions that had a resemblance to scarlet fever, and see if there was anything peculiar about them. I observed that blushing had some resemblance to it; that it was peculiar to certain persons; that they had peculiar vital properties; that they had an exalted nervous temperament, and when young were very plethoric; that the impulse of thought excited them much; that they were easily frightened, and liable to faint; that all this went off as the vitality became exhausted, and they again appeared in their natural state. I observed many cases of scarlet fever so mild that there did not appear to be much of anything more than a blushing; that it all went off as the vitality of the system became exhausted. I observed this class of individuals, and I found that they had peculiar vital properties; that their temperaments were not of the above description. I observed other cases of scarlet fever, where all the phenomena advanced in a rapid degree, and that there was sooner or later a great loss of the properties of vitality. It was observed that this description of cases happened in individuals of peculiar vital properties; they had exalted nervous temperaments, were very plethoric; when in health would blush easily, were liable to faint, and were frightened at a shadow.

After observing a great many similar facts, it appeared to me that I had found a class of individuals, among whom a great majority of the severe and diastrous cases of scarlet fever happened. It also appeared to me

that there was no difference in the nature of scarlet fever—that the difference in the cases was owing entirely (in the beginning) to the constitution of the individual; and, that the great variety of phenomena that happened during the process, was more owing to treatment than anything else. It also appeared to me, that we had indications to direct our judgment on the points of treatment, at an early period of the affection, so as effectually to arrest its severity, and place it upon a uniform, or the safe expectant treatment. These were early to subdue this exalted temperament, so that the *child* shall not be so susceptible to the excitation of the morbid impression. The means, the time, and the extent to which this should be done, will depend upon the experience, sagacity and judgment of the physician.

Conclusions.—The results to which my observations have led me are, that scarlet fever is one of those affections that dispose one part of the body to be affected more than another; that the throat is the part locally affected, the constitution sympathizing; that the nature of this local affection is inflammation; that the process becomes hurried in some description of temperaments, and not in others; that violent exertions, excitations and stimulants, induce a disposition to inflammation, and hurry the process when it exists; that the powers may become so much reduced by art that inflammation cannot take place, or, if it has taken place, that it will terminate by resolution; that if inflammation is very much hurried, it may terminate by mortification or otherwise; that when upon mucous membranes, as in scarlet fever, inflammation may go through the process of ulceration, causing canker, so called; that the throat being an important apparatus to the individual, ulceration should not be allowed to take place in it, and consequently the proper means, in the beginning, under certain circumstances, must be energetic; if they are so, the local affection will terminate by resolution, and all things pass off, under uniform treatment, without disasters.

Is that indication of treatment that attempts to subvert the diseased action of scarlet fever, by inducing in its stead its own peculiar action, well founded in principle? Is not the action of scarlet fever too quick for the process? Is it justly condemned? It is.

Is that indication of treatment well founded in principle, that anticipates debility in the acute or early stage of scarlet fever, and attempts to prevent it by giving stimulants? It appears not to be, and is condemned.

Mercury has the power to subvert many chronic diseases, by substituting its own action; but it may be a question reasonably asked, has it the power to subvert an acute morbid affection? If it has not, upon what principles is it given in scarlet fever? I cannot find good reasons for giving it at all, and it appears to me to hurry the process, without subverting it.

Some physicians have in view three distinct indications of treatment in scarlet fever:—1st. To diminish the force and extent of the local affection, produce resolution, and moderate the constitutional affection. This is well founded in principle, and is right. 2d. They attempt to support the vital powers of the system, by excitants and stimulants, so that the affection can go through its process without too great debility,

or a typhoid state. There is no good sense in this; such indications of treatment are not well founded in principle; they are the very cause of that condition. It is, in my judgment, wrong. 3d. They guard against causes which may increase, hurry or interrupt the affection, and allow the process to go on. This is well founded in principle, and under certain circumstances is all that is required. It is right.

The expectant treatment never should be relied upon, in subjects of exalted nervous, plethoric, and phlegmatic temperaments, however young the patients or mild the symptoms in the beginning. The active method of diminishing the local affection, should be resorted to with various force, according to the age, habit, &c. The object is to promote resolution, and if the early opportunity is neglected in those peculiar temperaments, we may find it too late. If thus early treated, the uniform, mild treatment of moderating the constitutional affection, can be relied upon with great safety. There is more reason of preserving a uniform treatment in diseases of children than in those of adults, because they are generally healthy, and there is no other indication to be pursued than that which relates to the affection.

DANIEL GILBERT.

Boston, July, 1842.

Errata.—In Dr. G.'s last communication, on page 326, line 10 from bottom, and on page 327, line 16 from top, for *tightly* read *lightly*; page 327, line 8 from bottom, for 20 read 201.

TREATMENT OF RENAL DROPSY.

[DR. R. DAY, of Leicestershire, Eng., throws out the following suggestions in the *Lancet*, respecting the treatment of renal dropsy, which disease he considers is too often injudiciously treated by diuretics.]

Being an oldish (nearly five years) pupil of one of our large metropolitan hospitals, I have seen a goodly number of these cases under the care of different physicians, and the mortality has not only been great (I am well aware of the serious nature of the disease, as also of the importance and necessity of sound kidneys to a sound constitution), but I consider prematurely so, and, I am confident, aggravated by the diuretic plan.

To state the case and draw the inference is easy. We have a patient laboring under a considerable degree of anasarca (we will suppose the heart and liver unimplicated), the complexion exsanguineous; he complains of great debility; urine copiously albuminous, often pale in color, and of a dirty aspect, small in quantity, and of low specific gravity, 1.006 or 1.008, sometimes higher; there is more or less uneasiness in the back, with distress and flatulency in the bowels, accompanied by a good deal of languor and lassitude of body and mind, the integuments pitting on the application of moderate pressure. These symptoms would pathognomize an irritable state, to say the least, of the kidneys. I conceive it stands to common sense that diuretics would and could only tend to concentrate the already morbid influence (be the pathology of the disease what it may) to these organs, and thus exasperate, by virtue of

the increased quantity of blood and other stimuli to which the kidneys must be exposed ere the urinal secretion could be eliminated or augmented. Besides, whether this statement be correct or no, in a considerable number of cases (upwards of a dozen, at least) the diuretics did not act. I have seen draughts containing tincture of squills, tincture of cantharides, infusion of digitalis, bichloride of mercury, spirits of nitrous ether, and compound spirits of juniper, repeatedly given, for days, without the slightest increase in the urine, but the patient evidently getting worse. I have seen these drugs exchanged for the elaterium, and the sufferer rapidly sink.

The remedies most appropriate to the condition of system above evidenced, would be undoubtedly of a tonic class, and to these I confess I should look for aid; light bitters in the first place, and light steel medicines subsequently.

In one case only have I seen the latter, in the form of steel-wine and ammonia, given, and with decided advantage. The patient's death was daily expected from the commencement of his admission; he was worse, to all appearance, than many of his contemporaries; which latter, under the plan above condemned, have died (some two or three months since), and himself, under the tonic system, has survived five or six months, and was alive a month ago, since which time I have not seen him. He has had, during this long interval, all the symptoms of chest effusion, and benefited by the tartar-emetic, which nauseated him, and caused once or twice a rejection of ingesta from the stomach. I feel assured he would have ceased to exist long since had he been put upon the usual routine.

It has been long known that tonics sometimes act as diuretics, and their mode of action is obvious; they recruit the exhausted and worn-out state of system consequent on the renal disease, and put it in a condition to grapple with what is wrong, and thus remedy in a measure that particular set of vessels from whose deficiency of action arises one effect of the disease, namely, anasarca, which is removed by the natural outlet in the form of an increased secretion of urine. The bitartrate of potassa might be employed as an auxiliary to the tonic plan. I see no objection to wine, white or red, as preferred by the patient, discarding gin, unless I saw reason to resort to it, and light animal diet in place of a more insipid one. Porter might be allowable.

As I am on diet, I should wish to append an observation or two. At some of our infirmaries fish forms a part of the dietary. Let any one, even in health, sit down to this comparatively insipid article of nourishment; let him be confined thereto for several days (sometimes to patients it happens weeks), would not his stomach be clogged and his digestion impaired by reason of want of an agreeable stimulus, such as is furnished by sauce—what matters if it be anchovy or other grateful adjunct? How much more is digestion likely to be interfered with in a stomach already weakened and unable to perform its office. Even the old dyspeptic often takes a little wine, or brandy, or hot coffee, to assist the digestive process by the stimulus that the one or the other conveys to the stomach. Will it be said that sauce (and you will find lots of patients leaving a large portion of their fish, and saying they cannot eat it because it is so

tasteless—their own words) is too much of a luxury for a hospital? or, to put a more charitable construction, too expensive? I reply, drop one of your doctor's draughts (in each patient so circumstanced), and I guarantee the hospital, and doctor, and patient alike will be gainers by the change.

As this paper has already extended to some length, and embraced an important form of dropsy, viz., renal, I shall, with your permission, at some future period, direct attention to those other equally important dropsies dependent upon enlarged heart and diminished liver; and if not able to suggest much for their treatment, at least to state what is prejudicial.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 13, 1842.

SARATOGA SPRINGS.

So many scientific observations have been made on the medicinal character of the different fountains at this celebrated watering place, that nothing particularly new or important in relation to them is to be expected from one who has merely passed over the ground, without the intention of being very methodical in his remarks.

Although invalids have visited Saratoga for half a century, with a hope that their various maladies might be subdued by the healing properties of the springs, it is certain that there has been a woful lack of knowledge, till of late, with respect to the class of diseases in which these waters are positively beneficial. It is not a little singular that the resident physicians of Saratoga, before Dr. North established himself there, made no acceptable effort to enlighten the public. Strangers—some of whom were actually foreigners—labored with more zeal in this respect, than the physicians of our own country. But a happy revolution has been effected, of late, and we may now indulge an expectation of being informed on all points of consequence to the profession to understand, in directing their patients to a spot so celebrated, at least in the annals of fashionable life. Being on the spot at the moment of making these remarks, we are enabled to collect some facts of general interest; yet they are by no means so minute, in a statistical view, as the mere student might desire.

Saratoga, at the present time, contains a permanent population of about 2500, which is steadily increasing. Pecuniary troubles, the present bane of the whole union, have not been felt there till within the last three months. The universal scarcity of money may indeed be inferred by all who have heretofore witnessed the throngs of visitors at this place. The multitude, however, rarely rush in till after the fourth of July. Various recreations, such as the use of a circular rail-way and bowling alleys, riding, walking, fishing, dancing, &c., are pursued by the sick and well, in the proper, or, as it is familiarly called, the fashionable season. Since the discovery of the Iodine and Pavilion fountains, there is a range

in the chalybeate strength of the waters of the nine dipping places, from one to seven grains of carbonate of iron in a gallon. This discovery has made intelligent invalids anxious to procure proper and safe medical advice, that a too rapid increase of tone may not utterly foil their hopes, by rendering a further use incompatible. In atonic, feeble cases, especially when combined with neuralgia, the tonic effect of the strongest water is exactly adapted; and when combined with short, but frequent immersions in very hot mineral baths, followed by cold showerings, after two or three weeks, the effects are declared, by a judicious practitioner, to be exceedingly happy.

Curious as it may appear, the hot baths are now considered, at Saratoga, to be positively efficacious, and indeed, in some instances, truly wonderful in general neuralgic pains. In inflammatory cases, however, the lowest chalybeate spring is now advised in conjunction with calomel, blue pill or antimony.

These are but hints, simply intended to remind our professional brethren, who are in the habit of sending their chronic patients to Ballston and Saratoga, what may and can be accomplished, under the guidance of elevated medical advice; we do not consider it at all necessary to descend to tedious particulars.

Board is procured at Saratoga at all prices—from \$2.25 per week in the borders of the town, to \$12 in the numerous hotels, some of which are conducted on a grand and truly imposing scale of magnificence, when the arrivals are sufficiently numerous to warrant it.

Several excellent general practitioners reside in the immediate vicinity of the principal springs, viz., the Congress, High Rock, Flat Rock, Iodine, &c. Dr. M. L. North, however, formerly of Hartford, Conn., holds a very prominent position in the estimation of all discreet, reflecting strangers. His thorough familiarity with the exact chemical properties of the waters, together with an intimate acquaintance with the nature of the cases upon which he is most frequently consulted—a kind of knowledge that is appreciated—has contributed to enlarge the circle of his personal influences, till not to know Dr. North, is an evidence of not having derived all the advantages that are attainable while sojourning at Saratoga. There are several other excellent physicians, residing there, we are informed; but their active devotion to an extensive general practice precludes the possibility of their attending so closely to the study of the precise effects of the mineral waters, in each and all cases, as Dr. North, who confines himself exclusively to that one department.

A Cheerful Physician.—A morose, sour, cheerless-looking physician is never loved by invalids. Necessity may oblige them to cling to him in an hour of peril, simply because there is no hope without the guidance of a medical attendant. But the current always runs in favor of a smiling face, notwithstanding the common mistake of mankind that wisdom is ensconced behind the battery of a hard, forbidding countenance. Those physicians who play the owl through life, looking always gravely on the fair world, as though it were an undignified condescension to smile, are often perfect hypocrites. If it were as easy to analyze their moral feelings as it is their facial expression, some of them would have a very slender hold upon society. Every honest man despises what are called tricks in trade—yet, disgraceful as it is, we fear, the attempt is too often

made to extend a professional reputation by positive trickery. Peculiar religious austerity of manner is the lion-skin disguise of one; marvellous solemnity of manner on the most trivial occasion, belongs to another; marked reservation, which forbids the actor to give an opinion on any account, lest it should, under some possible combination of circumstances, offend somebody, and thus interfere with the plan he has devised for rising to professional distinction, is still another mode. It would be an arduous undertaking to particularize the different phases of an artful medical aspirant, to obtain his objects of ambition.

These acidifying faces in many instances cover up a bad temper: when their scheme of operations happens to be interrupted by some unforeseen accident, the belchings of a volcano are not more terrific or threatening in their aspect. Atrabilarian practitioners, therefore, are unhappy men. Life wears away, and they at last discover that in playing a character behind the scene of a gloomy face, it has been more perplexing than profitable. The cheat is invariably found out in process of time, and although they may alternately be laughed at for their folly and despised for duplicity, it is too late in the day to assume a new character.

Jealousy, also, is a predominant element in the character of the cheerless, unsocial physician. It makes him wretched to see a rival thrive. If that rival gains friends through the exercise of those social qualities which elevate humanity, and which, tempered by delicacy of thought and elegance of manner, refine as well as instruct those who come within the sphere of his influence, the bile of secret jealousy, under the cover of such a face as has been designated, grows hot within him. He cannot abide a system of manners like his own, because he knows the hollowness of the device; and if a more generous and open deportment characterize one whom he has ordained to be a professional foe, then the cauldron of his wrath boils with intense fervor.

Those physicians who cultivate cheerfulness, and study to promote rational, social enjoyment in their intercourse with the sick, will secure their own happiness while they add immeasurably to that of others. Above all things, it is essential not to have the reputation of building up a practice by cunning, deceptive influences, through the instrumentality of a hypocritical face.

Account of Alexander Cruden.—Alex. Cruden, compiler of the "Concordance to the Old and New Testament, 1st edition, 1737, dedicated to the Queen," born in Aberdeen, 1701—diligent, pious, kind, of simple character—had hardly finished college studies when he manifested insanity. In 1722 he went to London, and for some years lived as private tutor; 1732, opened a book-shop and became corrector of presses, by varied knowledge, accuracy and punctuality, to good account. He sanguinely expected to have received from the Queen a handsome gratuity. She died a few days after she received the presentation-copy of his Concordance. Soon after, his mental malady recurred with violence. Was it from prostrated hope, or cessation from stated assiduous labors by completion of his work? or both? He was confined from March, 1738, 69 days; escaped, and published his account of it in a pamphlet; June 27, 1739, instituted action against Dr. Munro, &c. The action failing, he published an "account of the Trial, and of several persons unjustly confined in private mad-houses, showing the need of legislative regula-

tion." Immediately after, he was tranquil; his mind became tolerably settled, he resumed correction of the press, superintended the printing of several Latin and Greek authors with strict accuracy. His calm lasted some years. In 1753 his infirmity reappeared, and he was put into an asylum. On liberation, he commenced an action against the confining parties. The action failing, he published a second part of his "Adventures." In 1761 he became corrector of Woodfall's celebrated "Public Advertiser," requiring constant attention, and strict method night and day; till death he was an active, useful member of society. It is questionable whether it was, at any time, expedient strictly to confine him.

The Utica Asylum for the Insane.—We mentioned, last week, that Dr. Woodward had declined accepting the appointment of Superintendent to this new and extensive establishment. From the account which was given in this Journal, some weeks since, of the buildings of the institution, it is evident that much yet remains to be done before the plans of the Legislature can be fully carried out; and under these circumstances, it is not, perhaps, to be wondered at that Dr. W. should decline accepting the station to which he was invited. The managers have conferred no small honor both upon Dr. W. and themselves in endeavoring to secure, at so distinguished a post, the services of one so well qualified for the discharge of its arduous and important duties.

New York Medical Gazette.—We are sorry to perceive the following announcement in the last No. of this periodical, which has been published weekly, for the last year, in the city of New York.

"It is with unfeigned regret that the Editor of the New York Gazette announces to his subscribers, that the publication of the Gazette will cease with the present No. The causes which make this course unavoidable are simply these: within a few days events have transpired which convince him that he cannot, with due regard to other and more imperative duties, continue to edit the Gazette. Nothing remains then but for him to beg the indulgence of his subscribers for this abrupt announcement, to thank them and his contributors for the liberal aid they have afforded him, and to bid one and all farewell."

Snake Bites.—Professor Drake, of Louisville, wishes physicians to communicate to him such facts concerning the bites of our venomous snakes, as may have fallen under their own observation, or that of persons qualified to observe. He is especially desirous of learning whether the symptoms produced by the bite of the rattlesnake, the copper-head, and the prairie rattlesnake, are the same; whether there is an annual recurrence of any of these symptoms; and to what extent confidence should be placed in the efficacy of those native plants which have been recommended as antidotes.—*Amer. Jour. of Med. Sciences.*

Medical Schools of the West.—Next winter there will be seven medical schools in operation in the Valley of the Mississippi and the Lakes. They belong to four States, as follows:—In Kentucky, the Medical Department of Transylvania University, and Medical Institute of Louisville; in Ohio,

the Medical College of Ohio, and Willoughby University of Lake Erie; in Missouri, the Medical Department of Kemper College, and the Medical Department of the University of St. Louis; in New Orleans, the Medical College of Louisiana.—*Western Jour. of Med. and Surg.*

Treatment of Ulcers between the Toes.—Dr. Schlesier says that an invariably successful method of treating this affection, whether it have a syphilitic origin or not, is to sprinkle them thickly day after day with red precipitate, and then to cover them with dry charpie. The cure is generally effected in a few days.—*British and Foreign Medical Review.*

BOOKS, &c., RECEIVED.—"A Treatise on Strabismus. By J. A. Tolton, M.D., Richmond, Va."—"Catalogue and Circular of the College of Physicians and Surgeons of the University of New York."—"Zeitschrift für die gesammte Medicin," &c., Nos. 1 to 12, from Hamburg.

Number of deaths in Boston for the week ending July 9, 84.—Males, 18; Females, 16. Stillborn, 1. Of consumption, 4—drinking cold water, 1—pleurisy fever, 1—scarlet fever, 7—apoplexy, 1—infantile, 5—marasmus, 1—dropsy, 1—scrofula, 1—intemperance, 1—accidental, 1—phthisic, 1—drowned, 1—debility, 1—old age, 1—hemorrhage of the lungs, 1—smallpox, 1—throat distemper, 1—lung fever, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15' 49". Elevation 483 ft.

1842. June	THERM.			BAROMETER.			Wind, 2, p.m.	Weather, 2, p.m.	Remarks.
	Min.	P.M.	Max.	Min.	P.M.	Max.			
1 Wed.	48	67	65	29.39	29.46	29.53	N W	Fair	
2 Thur.	44	72	67	29.61	29.64	29.63	N W	Fair	
3 Frid.	46	67	63	29.60	29.60	29.58	S	Fair	Circle round the sun.
4 Satur.	43	73	66	29.49	29.42	29.35	S	Fair	Fog in the low lands.
5 Sun.	60	76	72	29.32	29.27	29.21	S W	Fair	
6 Mon.	61	66	64	29.22	29.31	29.41	N W	Fair	
7 Tues.	41	61	63	29.61	29.72	29.81	N W	Fair	Aurora Borealis.
8 Wed.	43	65	54	29.88	29.92	29.87	S E	Fair	Circle round the sun.
9 Thur.	50	64	64	29.71	29.42	29.36	S E	Rain	Aurora Borealis.
10 Frid.	62	73	62	29.20	29.12	29.15	S W	Fair	
11 Satur.	46	42	44	29.15	29.33	29.48	N W	Cloudy	Frost. Light in the north.
12 Sun.	42	62	58	29.57	29.60	29.60	S W	Fair	
13 Mon.	46	68	63	29.53	29.52	29.51	S W	Fair	Rain in the night.
14 Tues.	61	74	68	29.50	29.60	29.60	S W	Fair	
15 Wed.	62	71	67	29.54	29.53	29.51	S W	Cloudy	
16 Thur.	63	75	74	29.40	29.34	29.32	W	Fair	Sultry.
17 Frid.	66	80	74	29.36	29.40	29.40	S W	Fair	In ten days, 4.13 inches of rain have fallen.
18 Satur.	66	70	68	29.43	29.45	29.37	S W	Rain	
19 Sun.	66	78	76	29.35	29.21	29.20	S W	Fair	
20 Mon.	69	73	72	29.23	29.37	29.40	N W	Fair	Rain in the night.
21 Tues.	53	74	68	29.45	29.51	29.49	S	Fair	
22 Wed.	56	79	74	29.42	29.33	29.32	S W	Fair	
23 Thur.	66	58	58	29.27	29.33	29.31	N E	Rain	
24 Frid.	56	71	68	29.32	29.36	29.37	N W	Fair	
25 Satur.	56	76	70	29.39	29.38	29.32	S W	Fair	
26 Sun.	60	79	80	29.11	29.09	29.10	S W	Fair	
27 Mon.	60	64	56	29.23	29.32	29.35	N E	Fair	.65 inches rain in the afternoon.
28 Tues.	53	66	66	29.32	29.32	29.30	S W	Fair	
29 Wed.	62	74	74	29.30	29.39	29.49	N W	Fair	Fog in the low lands.
30 Thur.	54	79	74	29.53	29.54	29.50	S W	Fair	

The month of June has been mostly favorable; the first part cold, with one or two frosty nights—the latter part wet, warm, and very favorable to vegetation. Crops generally look well. Range of Barometer, from 29.11 to 29.92. Thermometer, from 41 to 80. Rain, 4.93 inches.

MEDICAL INSTITUTION OF YALE COLLEGE.

THE Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	ELI IVEY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	HENRY BRONSON, M.D.

Lecture fees, \$68.50.—Contingent bill, \$2.50.—Matriculation fee, \$5.—Graduation fee, \$15.

New Haven, July 7, 1842.

Jy 13—11

CHARLES HOOKER, Secretary.

ALBANY MEDICAL COLLEGE.

THE annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EDENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institutes of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., President.

Al.27—tO

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston.

Je 29—eptm

JOHN JEFFRIES, Secretary of Censors.

SURGICAL INSTRUMENTS.

THE subscriber would respectfully inform the medical profession of the New England States, that he has taken an office at No. 128 Washington street, corner of Water street, Boston, where he shall be happy to execute all orders with which he may be favored. Having served for a number of years in Germany, at his profession, and having, also, been employed in England and New York, in forming and finishing instruments of the most delicate kind in use in Surgery, he feels confident that he shall be enabled to give perfect satisfaction to those who may be pleased to patronize him. He begs leave to offer the following testimonial of several medical gentlemen of this city.

C. A. ZEITZ.

We, the undersigned, would cordially recommend Mr. C. A. Zeitz as a thorough artist. The surgical instruments of his make, which we have ourselves used, have fully answered our expectations; and we can, therefore, with the more confidence recommend him to the medical profession generally.

Je 8—

JOHN C. WARREN, }
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18My—

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No. 24.

CASE OF NUMEROUS INCISED WOUNDS.

BY P. J. BAUDUY, OF CUBA.

On the 15th of March, 1839, an insurrection broke out among the negroes, at a neighboring sugar estate. Two men were killed, and several dangerously wounded by the insurgents. Among several cases that I attended, I select the following as one evincing how far a good constitution will go towards effecting a recovery from injuries that in most individuals would prove fatal, and the power which some individuals have of resisting hæmorrhages that would seem necessarily mortal. The subject of this case is a negro, the slave of a neighboring gentleman, who, hearing the shrieks attending the outbreak of the insurrection, came over to the spot with the slave he considered as most faithful to him. On their arriving at the scene of this dreadful murder, the negroes rushed on them, and the faithful slave placed himself before his master, so as to ward off the blows aimed against him. He grappled with the foremost, and threw him to the ground, falling himself over his antagonist, and in this position was literally hacked to pieces by the infuriated insurgents. This was at 5 A. M. I arrived at about 8 A. M., and immediately proceeded to dress the wounds of several white men, and at about 11 A. M., having got through them, proceeded to examine what I had taken for the corpse of one of the revolted negroes, which I saw lying in the corner of the room. My astonishment was great to find that there was still life in the body, and that it was the faithful servant that I had heard spoken of, but whom I thought dead. He was speechless, cold as ice, almost literally floating in a pool of his blood, and all his clothes saturated with the same. Could feel no pulse at wrist, but heart beating faintly. Finding that I should be obliged to amputate his arm, I sent off for my case, and in the meanwhile proceeded to dress his wounds, which were as follows:—On the left arm, a sabre cut had divided the four fingers of the left hand at about the articulation of the first and second phalanges, leaving their extremities hanging only by a few shreds of tegument. Another had penetrated the dorsum of the hand, fracturing the metacarpal bones of the four fingers, and cutting down to the palmar aponeurosis. A third had laid open the whole articulation of the wrist, with the fore-arm, leaving the hand adherent to the fore-arm merely by a few shreds of the palmar teguments, and the divided ulnar and radial arteries gaping out, but not bleeding. A fourth cut had divided the muscles on the back of the fore-arm at about the upper part of its lower third, and

fractured by the radius and ulnar. A fifth sword cut had divided the muscles of the lower and internal front of fore-arm at about its middle part, cutting through the ulna down to the radius. On his right arm he received the following wounds :—Thumb split down by a sabre cut from its extremity to articulation of its phalanges, with fracture of the bone of the second phalanx. A second on the front part of fore-arm at lower third, dividing merely the teguments. A third, at the lower part of the middle third of the front of fore-arm, dividing the muscles down to the flexor sublimis digitorum; and a fourth on the internal part of the back of fore-arm, at about the lower part of its upper third, fracturing the ulna, and leaving its upper extremity projecting out slightly from the wound. On the head, neck and face, he had received numerous wounds; one, about four inches long on the left side of neck, divided the integuments from the mastoid process to near the lower part of the larynx, cutting down to the sterno-mastoid muscle, and probably divided the external jugular; but as it was filled by a pretty firm coagulum, I did not like to risk probing and poking at it in search of this vessel. Another sabre blow sliced off the whole left cheek, beginning a fourth of an inch below orbital margin of submaxillary bone, and cutting down to near the alveolar processes, leaving the cheek hanging by a small strip, three fourths of an inch broad. Another large wound on the left temple had penetrated to the bone, and divided the anterior temporal artery, and ten more sabre cuts on the scalp in every direction, all cutting down to the bone, and two of them, one answering pretty nearly to coronal suture at the superior posterior part of frontal bone, and the other dividing this at right angles just below sagittal suture on left parietal bone, penetrated through the exterior plate of the bones. Several of the others chipped off small pieces of the bones, for as his skull seems remarkably thick, the swords mostly glanced off of it.

When first placed on the operating table, he did not bleed from a single wound, but there was a slight oozing of serous fluid from several of the larger ones. I have already said that he was cold—almost speechless; he whispered to me for water, and seemed parched with thirst. I gave him, with a view of rousing up the vital powers, which seemed almost extinguished, liq. ammon. (aromat. ?) ℥ ss. with tinct. opii ℥ i., and strong brandy ℥ iv., in half a tumbler of water, and proceeded to dress his wounds. After shaving all the hair off the scalp, I washed his wounds to clear them of the earth and hair that they contained, and stitched them as neatly as possible with the interrupted suture, but not uniting the lips closely, for fear, if much inflammation and swelling should take place, that the sutures might by their irritation produce an erysipelas, that in the debilitated state which the patient must remain in would most certainly have proved fatal. I then covered them with lint, moistened with a simple dressing of equal parts of brown sugar, olive oil and claret wine boiled up together (Samaritan balsam); the same was done by the wound of the neck, except that I did not remove the coagulum in it; and besides the sutures I placed several strips of adhesive plaster over it; and over all a thick compress fastened by a bandage placed round the neck, but so as not to produce any pressure

on the large vessels at the side of the neck. The flap that had been sliced away from the superior maxillary and molar bones of the left side of face, leaving them bare, now hung down perfectly cold, and the muscles were of a bluish or rather livid hue. I, however, determined to make an effort at producing reunion. I washed it clean, and tacked it with four interrupted sutures neatly in its place, covered it with lint, and then with a thick compress, which I fastened in its place by adhesive straps. I dressed the wounds of right fore-arm with adhesive straps, reduced the fracture of the ulna, and passed a bandage up loosely from the fingers to the elbow, placed a compress over the upper extremity of the fractured bone, and placed on the arm two pasteboard splints, well soaked previously, which I fastened loosely, one on the back, and one on the front part of the fore-arm. I now felt his pulse, and found that it had risen considerably, being as strong as I could expect under the existing circumstances; the heat of the body had also in a great measure returned, and he now spoke plainly, complaining of much thirst; the heart beat much stronger and more regularly. I therefore decided that sufficient re-action had taken place, and amputated his left arm just below the elbow-joint. He lost more blood during the operation than I well liked, through the clumsy management of my assistant, who had charge of the tourniquet. After dressing the stump, I administered sixty drops more of laudanum, and put him in a comfortable bed, wrapping him up warmly. Ordered acidulated gum water for drink, and two table-spoonfuls of broth every hour, as he had lost so much blood, and been so long without nourishment of any kind. It was 2 P. M. when I finished the amputation and put him to bed; he had received his wounds at about 5 A. M.; he had been all this time without any dressing whatever on his wounds, and what prevented him from bleeding to death is to me a mystery—probably it was syncope.

16th.—Saw him at 8 A. M. He has no fever, but much thirst; pulse stronger; asks for food; did not sleep last night. Ordered a few drops of *spt. æth. nitros.*, added to drink; arrow root and rice, and a few table-spoonfuls of broth, to be given frequently.

17th.—Strong fever; wounds are all suppurating copiously; dressed them all. Ordered laxative enemata. He continued now doing better and better every day.

April 1st.—Was sent for to check a sudden hæmorrhage from the arm, which I found owing to a ligature (the ulnar artery) having come away; checked it by compresses wet with lead water, and appropriate bandaging. This ligature had been put on by my assistant, and I remarked to him at the time that he took up too much of the cellular tissue, and that I feared it might give me trouble. At this date all the wounds of head, neck and face, with the exception of the two that involved both plates of cranial bones, were healed, almost all by the first intention. On the fourth day, observing much œdema of the cheek on the left side, and that the eye was much inflamed, with its lower lid very œdematous, I cut away the sutures that confined the flap of the cheek just below the eye, and next day observed that it had answered the purpose intended, as the inflammation and œdema had subsided. The wounds of the right arm are

healed, with the exception of that answering to the fracture of the ulna, which, is, however, fast filling up with very kind granulations. Amputated arm doing very well.

15th.—To-day all his wounds are healed, and finding that no solid union has taken place between two fragments of ulnar, I applied the *appareil immobile* to the fore-arm.

17th.—As he complains much of the arm since the application of the immovable bandage, I took it off, and found that it had caused the cicatrix of the wound answering to fracture, and the one immediately below, to slough off; I was, therefore, obliged to discontinue it, and apply the felt splint, as before.

May 1st.—Is now entirely well. Amputated limb entirely healed, and the fractured arm perfectly strong and well set. He cannot flex the middle and ring fingers by themselves, but can do so by applying the under and ring fingers in close apposition to the former, and flexing them all together.—*Medical Examiner.*

TWO CASES OF INVERSION OF THE UTERUS.

BY W. L. SUTTON, M.D., OF GEORGETOWN, KY.

CASE I.—Nov. 16th, 1823.—I was desired to visit Mrs. S., who was said to be in labor. When I entered the room, the midwife observed there was something wrong. Upon making examination, the first thing which attracted my attention was a tumor, which from its size and firmness, I, for an instant, took to be the head of a child; and supposing the shoulders had engaged the pelvis unfavorably, I ran my finger up the neck to liberate them; when I found that this tumor was a part of the mother, and nothing less than the uterus inverted and expelled. I now first learned that the child had been born. The midwife assured me that she did not have a worse time than common; that the placenta came away in good time, and without difficulty; that the tumor followed it closely; and that not knowing what it was, she did not know whether to permit its exit or not. I endeavored to replace it by grasping it between my hands, and after squeezing it for some time, pushing it in the direction of the outlet of the pelvis. But the tumor was so firm that little impression could be made upon it, and I was utterly unable to reduce it. Upon squeezing the uterus several blood-vessels spouted and bled for a short time. The patient had a ghastly aspect; lips bluish, pupils dilated, pulse very weak; yet the hemorrhage had not been considerable. She did not complain much; but I thought that was owing to her diminution of sensibility. Having become entirely satisfied that longer endeavors to replace the uterus would be fruitless, and must still hasten her dissolution, I desisted, and attempted to sustain her by stimuli small in quantity, and frequently repeated. In this also I failed. Her pulse soon disappeared, and she died in about three hours. This woman was said to be somewhat loose in her morals; had conceived three times, and miscarried once; at which time she was said to have had a prolapsus uteri.

CASE II.—Oct. 19th, 1835.—Mrs. H. in labor with her first child—the uterus being expelled with the child. I saw her perhaps in half an hour. The placenta was yet partially attached to the fundus uteri; the body of the uterus completely expelled the vulva; no hemorrhage, great sinking, lips and countenance livid, pulse scarcely perceptible—the uterus not firm as in case 1st. Sent off for Dr. Richardson—separated the placenta and returned, by moderate and continued pressure, the uterus into the pelvis. Dr. Richardson arriving some time afterwards, completed the reduction. She continued very weak and faint, and had frequent retching. This state was considerably alleviated by injections of starch and laudanum. In this case, the membranes gave way several hours before the child was born, the presentation natural, pains rather short and at considerable intervals. The body was not expelled by the same pain which expelled the head; but the uterus followed the body by the same pain; the cord was rather short.

Evening.—She has taken small doses of stimuli during the day; also a dose of ol. ricini, which vomited her. Complaints of great soreness, pulse weak and very quick, lochia proper; has passed no urine, nor felt any disposition to do so.

20th.—3 o'clock, A. M. A great deal of pain in the uterine region—has passed no urine or feces, nor feels any disposition to do so; pulse small, somewhat hard and very frequent, severe headache. Drew off about three pints of urine: bled to $\frac{3}{4}$ viii.—cold water to head, ol. ricini $\frac{3}{4}$ ii. *Evening*—Medicine operated well: dejections said to be proper, pulse still frequent (about 150), headache undiminished, no abdominal pain, lochia have been rather profuse, but at present proper. Sinapisms which have been applied to the head, having failed to give relief, a blister was applied to the back of the neck; laudanum gtt. x. to restrain the operation of the oil; discharge of urine natural.

21st.—Head still aches; pulse 132; bowels freely open; urine plenty; lochia proper; no milk. Blister drew well without materially relieving the head.

22d.—Head still aches, skin pleasant; pulse 132; no milk; lochia offensive and pale. R. Draw the breasts, and wash the vulva and vagina with chamomile tea.

23d.—Head somewhat relieved; skin pleasant; pulse 132; some appetite; no milk; urine scant; lochia offensive; bowels have not been moved for 36 hours: a little tenderness in the uterine region. R. Injection of chamomile tea into the uterus and vagina: Seidlitz powders to keep the bowels regular.

25th.—The head has nearly ceased to ache, but feels very sore. The injections into the uterus appear to have benefited her much. No fetor attends the lochia: feels comfortable; skin natural; bowels in good order; no milk, but some soreness of the breasts. From this time she continued to improve, but her health remained delicate for some time. She never had any secretion of milk. In the management of this case I had the benefit of Dr. Richardson's advice, who saw her twice with me after the reduction was effected.—*Amer. Jour. of Med. Sciences.*

CASE OF EXTRAVASATION OF BLOOD INTO THE CELLULAR TEXTURE, BENEATH THE SKIN OF THE PENIS.

BY EDWARD JARVIS, M.D., LOUISVILLE, KY.

JANUARY 14th, 1841.—A thin, healthy man, of the age of 27, while in coitu, and just before the orgasm, felt something give way in the penis. Nevertheless, the orgasm followed, and the seminal fluid was ejected, but without the usual excitement. The organ was at once relaxed, but swollen and discolored. He walked about half a mile, feeling a slight pain, and an increasing heaviness and fulness in the penis.

I saw the patient in half an hour after the accident, and found the penis very much distended with venous blood, along the dorsum and the left side and around the prepuce. The diameter of the organ was greater than in the state of erection. On the right side, from one inch below the corona glandis to near the pubes, there was neither swelling nor discoloration; and here was a curve occasioned by the great distension of the opposite side. The swelling encircled the whole body of the penis at its root, and at the prepuce; and at the latter place the distension of the integument was greater than in any other part. There was neither pain nor tenderness, nor difficulty in micturition.

Three years previous to this accident, the patient had worn a very tight pair of pantaloons, the middle seam of which pressed so closely upon the left side of the penis, where it curved to lie upon the opposite thigh, as to cause much pain and tenderness at that spot, and especially at the time of erection. These symptoms and a local weakness never left him. It was precisely at this spot, that the rupture of the sheath of the corpus cavernosum, appeared to be—and on this point alone, was any tenderness felt upon pressure.

The extravasation was still going on, and the purple swelling increasing. I therefore directed absolute rest upon the back; application of lead-water to the swelling, without covering of bed-clothes over the hips and pubes.

In one hour found the swelling somewhat greater, but the rapidity of its increase checked. Not wishing to open the skin while the hemorrhage was active, I ordered a solution of mur. ammon. in spirits and water equal parts, perfect rest, and cold for the night.

15th.—Hemorrhage arrested; coagulation taking place; opened the skin with a bistoury, making a free incision longitudinally along the dorsum, and transversely through the prepuce on the right side. The blood oozed out, but the cellular substance was filled with coagula; directed the continued application of towels dipped in hot water, and the whole to be kept covered with blankets, to retain the heat, and promote the discharge of blood.

At night the blood had oozed freely from the incisions, and the swelling was diminished along the dorsum, and on the right side of the prepuce. Made another incision on the left of the prepuce; continued hot applications for the night.

16th.—Swelling diminished; though not so much on the left side of the dorsum or elsewhere; made an incision on this side; continued applications of warm water.

17th.—Blood ceased to flow through the incisions, and these were healing. Supposing the rest of the coagula might be absorbed, I changed the hot to cold applications, and ordered the solution of ammonia, first covering the wounds with simple cerate, to defend them from the irritation of the ammonia. Gave also, submur. hyd. gr. vi., aloes gr. iv.; comp. ext. colocynth gr. iii., M., which produced a small operation.

18th.—Absorption going on; swelling diminishing; bowels costive. Gave sulph. magnes. \mathfrak{z} i.; continued cold lotions.

19th.—Swelling about the dorsum penis changing from the purple to yellowish hue; continued lotions. Gave him jalap pulv. gr. x.; supertart. potass. gr. xij. M. Noon, no operation; much nausea. Gave sulph. magnes. \mathfrak{z} j. Evening, vomited in afternoon; very feeble; absorption rapid.

20th.—Had four operations in night, with great nausea; yellowness of skin extending. Continued lotions.

21st.—One operation; swelling diminishing; organ nearer the natural shape and size. Corpus cavernosum feels somewhat distended and hard.

Patient has been, for many years, troubled with night erections, which have latterly increased. He had these on the night both of the 20th and 21st. Then felt the pain at the point where the sheath appeared to be ruptured. This erection was immediately relieved by the cold lotion.

22d.—Improving; swelling in cellular tissue diminished. Skin more pale; corpus cavernosum hard as yesterday; bowels costive. Gave sulph. magnes. \mathfrak{z} i.; lotions as before.

23d.—Salts operated favorably; patient feels well; swelling of skin mostly gone. The purple has much diminished, and the sallow color extending. Corpus cavernosum somewhat hard and distended; penis not perfectly relaxed, and flaccid as natural; no pain, but a little tenderness at the point of rupture.

In all this time, there was no difficulty in micturition; no excitement, nor irritation, nor heat in the body of the penis. Patient lay on his back until the 30th, confined himself strictly to vegetable diet, and cool drinks; whereby all inflammation was prevented.

At 9 o'clock this morning, he started on a journey of two days, in the stage, over a hard road.

February 20th.—He wrote for advice. "I arrived safely, without any pain or inconvenience. I have taken no medicine, nor made external applications. I am better and improving, yet not well. The penis is reduced to its natural size, and all discoloration is gone; but the part where the rupture was, is not quite healed; and on erection, the penis is bent and drawn down to one side, and attended with considerable pain. I wish you to prescribe again for this condition of things."

Advised frictions with ung. hyd., moderate diet, and exercise, and absence of all stimulants.

April 5th.—He again wrote, "I followed your prescription strictly as to the use of the mercurial ointment. I have, in a good measure, abstained from warm and strong food, and entirely from intoxicating drinks. The pain during erection has much abated; but the penis, when erected, is very much bent; and when not erect, there appears to be, in the body

of it, at or near the place where the rupture occurred, a lump or hard substance, and although I have rubbed the part regularly, two or three times a day, I don't think it much diminished."

8th.—Advised cold douche and friction with iodine ointment, and the camphor liniment.

May 10th.—Patient wrote, that under the influence of the cold douche applied daily, and the iodine ointment and camphor liniment, he was somewhat better than when he wrote before. "But my improvement is very slow. The pain during erection is almost entirely gone; but there is still considerable chordee; my improvement was confined to the two first weeks of using the last prescription. Since that time I have been, I think, stationary."

Advised bandaging penis, keeping this wet with solution of mur. ammonia, and occasional frictions with ung. mur. ammon.

The patient improved through the summer; but the chordee, the local tenderness, and slight swelling and hardness at the point of rupture, had not entirely disappeared in September, 1841, when he died of fever.

—*Ibid.*

PREGNANCY WITHOUT SIGNS—LABOR WITHOUT PAINS.

THIS case was read to the Med. and Chirurg. Society of London, by Dr. C. J. B. Williams. It was that of a lady, aged 31, who had noticed an enlargement of the abdomen for six or seven months. She felt certain she was not pregnant, because she had not experienced symptoms similar to those of her first pregnancy. Catamenia appeared last, eight or nine months ago. External examination not proving satisfactory, examination *per vaginam* was made, which disclosed the nature of the case. The os uteri was dilated to the size of a shilling, the neck entirely expanded, and the membranes and child's head could be felt. Though informed she was pregnant, she was sceptical, and made no preparation for the event. On the 5th of January the author was sent for, and found the child born before his arrival. The funis was ruptured about four inches from the umbilicus. It appears the lady had suffered from diarrhoea for two days previous. At one o'clock in the morning she awoke with, she says, griping pains in the belly. These continued until six o'clock, when she got out of bed for ease. She walked into an adjoining room, and bending herself rested her hands on a table. Suddenly the waters broke, and the child was expelled, and fell on the floor. She states positively she had no pains in the loins nor bearing-down pains previous to the expulsion of the child.

The author considers the following facts established by the case:—

1. That pregnancy may occur and nearly reach its termination without many of the ordinary signs.

2. That the uterus may contract, like other hollow muscular organs, without the consciousness of the mother.

3. That rupture of the funis is attended with little or no bleeding.

The practical doctrine he infers from it is, that in cases of illegitimate

births occurring suddenly, and where the child is found dead, the circumstances should be of a very decided character before the guilt of infanticide be fixed on the mother.

Dr. Merriman saw nothing in the case related so very extraordinary. With regard to there being no hemorrhage from the funis, it was well known that when this was broken by violence there was no bleeding. When torn asunder forcibly no ligature was usually necessary. He saw nothing wonderful in a patient not knowing that she was pregnant. He had seen many such cases. He was once asked to see the wife of a physician, who was stated to be laboring under ovarian dropsy, but who he found to be pregnant. On informing her of her condition, she said it was impossible. "Why so?" he inquired. "Ask my husband," was the reply of the lady.

Dr. Seymour related the case of a lady who had been married sixteen or eighteen years without being pregnant, but who at the end of that period miscarried at the fourth month, in consequence of taking medicines for removing a fancied collection of wind in the abdomen.

Dr. Johnson observed that where one woman was pregnant and denied it, twenty imagined they were so when they were not. Joanna Southcote to wit!—*London Lancet.*

ABSTINENCE AND REPLETION.

BY JOHN TAYLOR, BROMPTON, ENG.

THE remarks of Dr. Clutterbuck on total abstinence and temperance, as to their effects in the case of the celebrated and good Dr. Birkbeck, and on people in general, remind me of a very strong case in point, which I witnessed in Dublin in 1822.

In May, 1822, a young English lad, about sixteen years of age, joined his family in Dublin; he came straight from Paris, where he had spent about fourteen months. He was at his arrival, although of a sanguine constitution, both pale and thin, like one of those members of a broken-down family, whom everybody sees at once have been under-fed. When his father began to interrogate him about the loss of his color and flesh, it came out that he had been for the space of twelve months subsisting on *half a franc a day for all his meals*, in order to economize and save the means of travelling, that he might rejoin his friends. His salary itself was only thirty francs a month, and his labor as copying clerk to a French book-seller lasted sixteen hours per diem.

It would, indeed, be a difficult task to describe the nutriment on which the poor boy had lived; but butcher's meat, strange as it may seem, was one of the articles of his diet. Fancy, Mr. Editor, what that meat must have been, sold at *four sols per plate*; fancy to yourself a poor growing boy, rising with undiminished appetite from every meal during twelve months. He has often said that he never once felt the glow of genial warmth at night in bed the whole time of this probation. He went to bed cold, trembled, and shivered, until he fell asleep, and arose with the same chill pervading his skin.

The Irish are a most hospitable people, and take pleasure in surfeiting their friends. The poor lad had no longer any lack of anything; instead of his two wretched meals a day, he had four meals, almost *episcopal*, at the sight of which even jolly Anacreon might have showed his gums. In less than a month his color had returned, his limbs had grown round again, his stature visibly increased, and great ugliness had given place to what are called "very good looks."

About this time certain itchy pimples fast appeared on his chest, which, multiplying rapidly from day to day, very soon covered the whole body, except the face, neck, and soles of the feet. A youth who slept with him caught the distemper a few days after; it also spread over his body, but more inertly, and not to the same extent. After the body had been thus spotted with detached pimples for some weeks, the pimples grew together, especially towards the joints, and large scabs were formed, from which issued copious discharges of matter of a yellowish white, entirely free from smell. Scales of dry scab would frequently come off on removing his coat at night: there were very few pimples on the hands, and the last place which became affected was the skin between the fingers. All these pimples itched both day and night; sometimes to a degree hardly endurable.

The doctors called this dreadful eruption *herpes*. It greatly affected the spirits of the poor lad, but not at all his health, or his looks, which had gained so much from the great change in his diet. A very skilful practitioner took charge of this case, and refused to give any medicine for it until it had quite covered the young patient's body. He said that it was a grand effort of nature to purify the impoverished blood of one who had been so long under-fed. After waiting three months to let nature do her work, he prescribed an ounce of Epsom salts dissolved in a quart of water, to last three days, besides some antiscorbutic pills, and a plain ointment for local application. The disease was soon mastered by these remedies, and disappeared quite as quickly as it had come.

I witnessed the facts I have related, and from them I gather that Dr. Clutterbuck is right, and that abstinence ought not to be carried too far, where people possess the means of living well. Let us all avoid excess, and be content with moderate enjoyment. But let us never forget that if indulgence may be too lax, mortification may be too rigid for social beings.—*Ibid.*

GENERAL DEPARTMENT OF PHYSICIANS.

[The following is an extract from a discourse before the Monroe County Medical Society, N. Y., delivered at Rochester, May 11, 1842, by MALTBY STRONG, M.D., President.]

Every physician should be habitually and strictly moral. If he is governed by motives of Christian benevolence, so much the better. No class of men possess better evidence of the power, wisdom and goodness of the Creator, and the propriety of acting in obedience to his will as

revealed in his works and word, than the well-educated, right-thinking, sound-hearted physician.

In his intercourse with his professional brethren, he should be candid, courteous and honorable; and should, of course, avoid, under all circumstances, duplicity, detraction, rudeness and evil speaking. In short, he should do unto his professional brethren as he would, under like circumstances, they should do unto him.

In his intercourse with the world, he should be an example of becoming neatness in his person, of dignified deportment, and in manners a gentleman.

At the bed-side of his patient he should be kind, attentive and honest. By kindness and attention I not only include those kind offices which serve to alleviate physical sufferings, but also kind and encouraging or soothing language, gentleness of manners; in short, the thousand little things which, costing no sacrifice on the part of the physician, tend in a high degree to assuage the sufferings, whether real or imaginary, of the mind diseased, and thereby restore a healthy tone to the functions generally. I have no doubt but in this way the cure of diseases, particularly those usually denominated nervous, is oftentimes greatly facilitated. Why should it not be so, since we all admit that there is a mutual action or sympathy existing between the brain and nervous system and the other organs of the body?

He should also be patient, gentle, and yet thorough in his examination into the symptoms of the patients for whom he is called to prescribe—whatever the sex, and wherever the disease may be located—in order to inform himself thoroughly, not only of the locality, but the nature; and, so far as can be done, of the cause of the complaint. To administer remedies to heal diseases without first instituting such an investigation, is sheer quackery—a practice which cannot be too strongly condemned, as likely to produce greater evils than those which it is intended to cure.

Physicians should be especially careful in their prognosis, particularly in acute diseases where there is much nervous excitement, or when, from the natural temperament of the patient, a high degree of nervous excitability may be apprehended. In chronic diseases generally, and especially in that class of them believed in the present state of medical science to be incurable, less caution is necessary; because nervous excitability in such cases generally diminishes in proportion as the disease advances. The physician should remember that he is supposed to know very nearly how a given disease will terminate—his opinion is therefore eagerly sought, and greatly relied upon. Under such circumstances, is it unreasonable to suppose that an unfavorable opinion would be likely to shock the nervous system, even of the stoutest man, and materially retard, if not wholly prevent recovery? If the patient possesses a delicate, excitable, nervous system, in nine cases in ten it would cause a fatal termination, and that, not from the necessarily fatal character of the disease, but from the depression and consequent exhaustion of the nervous energy. I do not wish to be understood as recommending to the physician to encourage in his patients, or their friends, hopes of recovery, where death is certain beyond a peradventure. In such cases the patient is generally

too near that world from whose bourne no traveller returns, to be affected by *any opinion*; but I do mean to say, that many a patient does recover despite the sentence of death pronounced by the faculty—that there is often a point in the progress of disease, when the life of the patient hangs, as it were, by a thread—that at that moment an unfavorable opinion from the physician may sever that thread, and therefore that great care should be exercised in the expression of an opinion which may produce the very result which, with all possible effort, we are striving to avert.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 20, 1842.

MEDICINE AND SURGERY IN MONTREAL.

ALTHOUGH there are hospitals in Montreal, with many patients in them, it is a singular fact that operations are very rare. In passing through the spacious and well-ventilated wards of any one of the charitable institutions of the city, which are principally under the immediate control of different orders of nuns, no one is seen, at least at present, either recovering from a surgical operation, or preparing for one. Infirm and idiotic men and women, and old and white-headed people, tottering under the weight of years, make up the amount of beneficiaries. There seems to be no specific regulations in regard to the period when a patient shall leave, nor special inquiry into the claims of an applicant for admission. We saw a pale, feeble Irishman, sitting near a door, who said, when questioned about his health, that he had been there "*seven years with a great wakeness in the legs*"!

A student would not be essentially benefited by attendance either at the Hotel Dieu, under the surgical care of Dr. Monroe, or at the General or English Hospital as it is called. This latter establishment has a charter from England, and derives considerable of its support from a small tax on emigrants. There are, however, many annual subscribers, by whom the medical officers are selected, but who receive no compensation. Professional merit has no influence in the appointments: because an individual happens to be well esteemed by those exercising the most influence, he takes the post—to have and to hold as long as he lives, for aught we know to the contrary. Of the military hospitals, of which there are a number, each is under the care of the surgeons attached to the regiments on garrison duty. Consequently they are frequently changed.

As nearly as can be ascertained without a special call for numbers, there are not far from fifty practitioners in Montreal, out of which a few perform the most lucrative part of the business. Dr. Holmes is spoken of by the inhabitants generally as a man of superior professional attainments. Singular as it may appear to us, in the States, where quackery in all its varieties flourishes like a green bay tree, there is not one of the family of quacks in the whole city—not even a Thomsonian or a reformed Beachite;

nor is there a bottle of hot crop, or, as far as we could discover, a spoonful of composition tea, within the limits of the municipality. The *poor man's plaster* is indeed on sale; but no mention was made of Sherman's lozenges or Brandeth's pills. More wonderful still, the Science of Life, as promulgated among us from the pulpit, instead of a college of medicine, by one of the greatest quacks in the Union, if ever known in Lower Canada, has not been long remembered—since they are prodigious meat eaters in all British America, even to a proverb, yet are as hardy, strong, long-lived and happy as the disciples of any new school of dietetics.

Till within a few years, the city practitioners of Lower Canada went to England for a medical education. Those whose means are sufficiently ample, do so still; but since the discovery was made that lectures at Boston, New York and Philadelphia were open to them, the number now annually matriculated at these places, is increasing. When a physician goes from the States into Canada to establish himself, a diploma, from any school of acknowledged reputation, is a sufficient document to obtain the approbation and license of the board of medical examiners, appointed by Government.

A collegiate institution, called M'Gill College, the academic department of which was never organized, has a medical school in active operation, with a talented faculty. There are six chairs, filled by the following gentlemen, viz.:—Practice of Physic, W. Robertson, M.D.; Chemistry and Pharmacy, A. F. Holmes, M.D.; Principles and Practice of Surgery, G. W. Campbell, M.D.; Midwifery, A. Hall, M.D.; Anatomy and Physiology, — Bruncan, Esq.; Demonstrator of Anatomy, J. R. Dick, M.D. Lectures commence the first Monday in November, and continue till May first. Three winter sessions are requisite for graduation.

A stranger is everywhere struck with the devoted attention and unwearied kindness of the sisters of charity. They are the hospital nurses, the apothecaries in some places, but always the vigilant, conscientious attendants of those admitted to their hospitable abode. Much of the success in hospital practice depends on the nurses, since they often really kill or cure, however skilful the medical attendant may be.

The medical institutions of Quebec will constitute a future page.

Lowell Hospital Association.—From the books of the Superintendent and Physician, it appears that two patients were in the Hospital at the beginning of the year, and that there were admitted within that period, 255. Those admitted within the year, consist of 10 males and 245 females.

There remain in the Hospital, 14; have been discharged, cured, 223; do. relieved, 12; do. not relieved, 1; died, 7. Total, 257.

These results are more favorable even than those of last year, which were regarded as highly satisfactory. Thirteen applicants for admission have been rejected for want of accommodations; many have probably been prevented from applying from the same cause. The aggregate residence of all the patients for the year, amounted to 423 6-7 weeks—equal to 2967 days, giving an average of 11.544 days to each patient. The average number of patients during the year is 8.128.

The actual expenses incurred for the support of the Hospital during the past year, is \$3751 96. The whole amount received from patients is but \$1265 39, which, with \$3,75 for the labor of the gardener, is all

its income—showing a clear loss to the several companies of \$2482 82. This loss is less than it was the year previous, and we are encouraged to hope that it will be reduced the current year. And yet, large as it is, it had better, probably, be met than that the enterprise should fail.—*Annual Report.*

Reunion of the Fingers.—M. della Fanteria attended a young girl who had two fingers cut off by accident while engaged in domestic affairs. He found the fingers in some bran, in which they had fallen; but, to his great surprise, they were both cut into two pieces. He, nevertheless, determined to reunite them to the hand, which he effected by strapping and sutures. At the end of a few days union was perfect, and the poor girl thoroughly recovered the free use of her fingers, the articular motions continuing. [!] This case is verified by the celebrated Vacca, and by Prof. Centofanti.—*Prov. Med. and Surg. Jour.*

Introduction of Air into the Veins.—Dr. Godemer, Physician to the Hospital of Ambrières, in Mayenne, has published in the Transactions of the Medical Society of Indre and Loire, three cases of tumor in the neck, during the amputation of which, a peculiar hissing noise was heard, followed by the instantaneous death of the patient. The only abnormal appearance presented on the examination of the body, was the distension of the cavities of the heart by a great quantity of air. In removing large tumors from the neck, or from near the heart, we should avoid everything by which the entry of air into the veins can happen. Among these causes, M. Godemer classes the movements given to the tumor, in dividing the circumjacent cellular tissue, with the view of removing the diseased growth whole. To avoid this inconvenience, under these circumstances, he removes the tumor piecemeal, and since he adopted that plan, he says he has not lost a single patient by this unfortunate occurrence. Six cases of tumor of the neck were operated on by him in 1839 and 1840, and with success. The patient suffers a little more pain; but in exchange, there is not any danger of the passage of air to the heart, and the consequent immediate death of the patient.—*Ibid.*

Desertion of Children in France.—MM. Terme and Monfalcon state that in large manufacturing districts, and among artisans, the parents separate themselves from their children with a most lamentable carelessness, and look on it as infinitely more convenient and desirable to take their children to a hospice, and to forget them, than to trouble themselves about bringing them up. M. Lelong, a member of the general council of the Seine Inferieure, states that in some neighborhoods the number of foundlings has equalled, and sometimes even exceeded, the number of children born out of wedlock. At the Hotel Dieu, at Lyons, there is a lying-in ward for the wives of the artisans, in which from 500 to 600 are delivered annually. More than 60 of these women are detected every year by the vigilance of the police, in their attempt to send their children to the hospice, and are compelled to take them back again. Many elude the officers, and succeed in getting rid of their children. 2000 are admitted every year into the foundling hospital at Lyons, and of these 400 are considered to be legitimate. During the twenty years from 1816 to

1835, 57,400 women have been delivered in the Maternité, at Paris, and 19-20ths of them sent their children to the Hospice des Enfants trouvés.
—*British and Foreign Medical Review.*

Singular Case of Monstrosity.—Dr. Rodenstab, in a communication entitled Practical Remarks on Labor, published in the "Neue Zeitschrift, für die Geburtskunde," has given the particulars of the birth of a living monstrosity, without any cranium. The mother was delivered by the forceps. A fortnight after birth, points of ossification were developed in different parts of the head, and at the end of two months, the cranium resembled that of an ordinary newly-born infant. The child, a male, three years old at the date of the report, differs only from other children by the great size of the fontanelle.—*Prov. Med. and Surg. Jour.*

The American Society of Dental Surgeons met yesterday at the Medical College in this city. We are of course unable to give any account, in this No., of the meeting, but shall endeavor to give a brief report of the proceedings in our next.

It is said that the managers of the Boston Dispensary have determined to allow to each of the dispensary physicians the sum of \$50 per annum for their services.

NOTICE.—The attention of subscribers is solicited to the bills which they may receive during the present month enclosed in their copies of the Journal. Money may be sent through Postmasters, who are generally willing to frank letters containing subscriptions. If preferred, subscribers in New York may pay to C. S. Francis, Broadway; in Philadelphia, to Judah Dobson, Chesnut street; and in Providence, to Joseph Balch, Jr.

An advertising Supplement will be issued, as usual, with the first No. of the new volume in August. It is desirable that advertisements for it be sent in as early as possible.

BOOKS, &c., RECEIVED.—Druitt's Modern Surgery, from the second London edition, edited by Joshua B. Flint, M.D.—Constitution, &c., of the Medical Society of Missouri.

MARRIED.—At Southington, Ct., by the Rev. E. C. Jones, Frederick A. Hart, M.D., to Miss Lucretia S. Lee.

Number of deaths in Boston for the week ending July 16, 32.—Males, 19; Females, 13. Stillborn, 5. Of consumption, 2—bowel complaint, 1—gravel, 1—infantile, 2—sudden, 1—scarlet fever, 2—child-bed, 1—debility, 2—fits, 2—menstrual, 1—disease of the head, 1—delirium tremens, 1—dropsy on the brain, 2—hooping cough, 2—croup, 1—intemperance, 1—drinking cold water, 1—accidental, 1—old age, 1—disease of the spine, 1—teething, 1.

MASSACHUSETTS MEDICAL COLLEGE.

The Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

					Fees.
Anatomy and Operative Surgery,	-	-	PROF. WARREN	-	\$15.00
Midwifery and Medical Jurisprudence,	-	-	PROF. CHANNING	-	10.00
Materia Medica,	-	-	PROF. BIGELOW	-	10.00
Principles of Surgery and Clinical Surgery,	-	-	PROF. HAYWARD	-	10.00
Chemistry,	-	-	PROF. WEBSTER	-	15.00
Theory and Practice of Physic and Clin. Med.	-	-	PROFS. WARE and BIGELOW	-	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissection Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Jy 20—cop6t

WALTER CHANNING, Dean.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

The next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

MUSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN R. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously. H. H. CHILDS, President.

Pittsfield, May, 1842.

Je 22—tA

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

The annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed *gratis*. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by	DIXIE CROSBY, M.D.
Materia Medica, Medical Jurisprudence and Medical Botany, by	EDWARD E. PHELPS, M.D.
Chemistry and Pharmacy, by	OLIVER P. HUBBARD, M.D.
Theory and Practice of Physic, and Pathological Anatomy, by	JOSEPH ROBY, M.D.
Anatomy and Physiology, by	EDMUND R. PEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, *Secretary of the Faculty.*

CASTLETON MEDICAL COLLEGE.**FALL COURSE OF LECTURES.**

The Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

EZRA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class. JOSEPH PERKINS, Registrar.

Castleton, Vt., May 26, 1842.

Je. 29.—tA4

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston.

Je 29—eptm

JOHN JEFFRIES, *Secretary of Censors.*

PRIVATE HOSPITAL IN BOSTON.

SILAS DURKEE, M.D., Member of the Massachusetts Medical Society, and of the Boston Medical Association, has taken the large and convenient house No. 26 Howard Street, Boston, and fitted it up as a **PRIVATE HOSPITAL FOR INVALIDS.**

In important and difficult cases, the services of the most skilful and experienced physicians in the city will be had in consultation; and patients who place themselves under the care of Dr. D., and who wish to avail themselves of the advantages of a private Hospital, may be assured that every effort will be made for their comfort and well being.

An apartment has been fitted up with apparatus for administering the Iodine Bath, Sulphur Bath, and other medicated baths, as recommended by Dr. Green, of London, in the treatment of various chronic diseases. Terms, \$6 to \$10 per week.

IMPROVED SILVER CATHETER.

The superior Silver Catheter, made by the subscriber, may be found at Metcalf's, No. 33 Tremont row. My 11—
D. SMILEY, JR.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, JULY 27, 1842.

No. 25.

MEDICAL TREATMENT OF INSANITY.

BY A. BRIGHAM, M.D., SUPERINTENDENT OF THE HARTFORD RETREAT FOR THE INSANE.

THERE is no specific remedy for insanity. Different cases require very different treatment, and that which would be serviceable at one period of the complaint, might be injurious at another. According to our experience, recent cases for the most part require a mild antiphlogistic course; but regard should be had to the cause of the insanity. If occasioned by a blow, or other direct physical injury of the head, or from some sudden and violent mental commotion, while in good health, free depletion by bleeding, and active cathartics, are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have very rarely considered it advisable to have recourse to general bleeding, at this institution. Occasionally, when there is much cerebral excitement, we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water; the application of cold to the head; and the free movement of the bowels by laxatives. Pouring cold water in a small stream from a height of four or five feet directly upon the head, is generally one of the most certain and powerful means of subduing violent maniacal excitement, we have ever seen tried. The warm bath is also very serviceable to calm excitement, but cold should at the same time be applied to the head. In a few recent cases croton oil has proved very beneficial, and we have thought particularly so in two cases, that seemed to be cured by the use of it, after other cathartics had been tried. Of all medicines, it is the most easy to administer to a patient that refuses to take any, and we have often used it, and never with any unpleasant result.

Bathing in warm water we think beneficial in most cases. Bathing in cold water or showering, we seldom resort to—probably we should have recourse to the latter more frequently, if not from the impossibility of preventing patients from supposing it to be intended as a punishment.

Most of the medicines we administer are liquid, or in powder. In addition to the preparations of the articles of the materia medica according to the United States Pharmacopœia, we have a few of which we make much use, that are prepared by ourselves. The following we often administer: R. Extract of conium, ℥ vi.; ferri carb. precip. ℥ xii.; molasses, wine, water (warm), aa qts. ii.; ol. gaultheria or ol. sassafras, ℥ ii.; dissolved in alcohol, ℥ viii. M. Usual dose half an ounce—sometimes

more; if a laxative effect is wanted, we add one or two drachms of tinct. aloes and myrrh to each dose.

We sometimes vary the foregoing preparation as regards all the articles except the conium and iron, adding mucilage gum Arabic, alcohol, &c.

The following preparation we derive benefit from in many nervous, sleepless and hysterical cases: R. Tincture lupuline, *do.* hyoscyamus, aa $\frac{3}{4}$ iv.; camphor gum, $\frac{3}{4}$ i.; ol. valerian, m xxxii. M. Dose one to two drachms.

The following, taken from Ellis on Insanity, we find useful in some cases of violent mania, and when the urinary secretion is deficient: R. Tinct. digitalis, *do.* scillae, aa $\frac{3}{4}$ ss.; vin. antimon. tart., spts. nitre dulc. aa $\frac{3}{4}$ i. M. Dose 30 drops.

Blisters, issues, and particularly setons in the neck, we have often tried, but rarely witnessed any benefit from them.

Opium has always been used at this institution in the treatment of insanity, and often with great success. In some cases it appears to be useless, and in a few injurious, particularly in those in which the skin is hot and dry, and the pulse full and hard. But such cases are rare. I do not, however, think it a remedy that of itself often cures this disease, but it is a valuable adjuvant to others, and secures a beneficial degree of calmness, that cannot be obtained without it.

I am pleased to find the experience of others in the use of this article in insanity has led them to adopt similar views. Pritchard in the first edition of his work on Insanity speaks disparagingly of its use, but in a later work he says, "There are few disorders in which so much benefit is derived from this remedy, as in cases of insanity."

We prefer a solution of sulphate of morphine, and Dover's powder, to any other preparations of opium.

Many cases, especially those of some months continuance, require invigorating diet, and tonic remedies. The insanity, or rather the causes that produced the insanity, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system, and much caution is necessary not to increase this debility. Hence, although a patient may exhibit great maniacal excitement, and appear to have prodigious strength, there is usually danger in depleting.

The various preparations of bark, quinine, and other tonic remedies are here used, but no one preparation is so generally prescribed as the combination of conium and iron above mentioned, and from none have we seemed to derive so much benefit.—*Annual Report.*

TOTAL ABSTINENCE FROM ALCOHOLIC FLUIDS.

[In an article which we copied last week from the London Lancet, reference was made to some previous remarks in the same Journal, by Dr. Clutterbuck, a distinguished medical writer, on the subject of abstinence and temperance. In those remarks Dr. C. not only advocated the use of a generous diet, but also a moderate indulgence in spirituous liquors,

and alluded to the late Dr. Birkbeck as an example of the injury resulting from total abstinence. The following is one of the replies which have been made, in the periodical above named, to the "comfortable" doctrines of Dr. Clutterbuck. It is furnished by Dr. T. Beaumont, of Yorkshire, and will be found, we think, to harmonize with the views of a majority at least of the members of the profession in this country.]

I feel that I should ill discharge the duty which I owe no less to the claims of humanity than to the interests of science, if I omitted to notice an article which has appeared in the *Lancet* of the 16th inst., and headed "Dr. Clutterbuck on Total Abstinence and Temperance." That Dr. Clutterbuck should have selected the character of his early friend and former colleague as the subject of a paper recently read by him before the Medical Society of London, and of which he was for some years the able president, can excite no surprise, since that lamented individual possessed, in a high degree, those moral and intellectual endowments which marked him out as a most fitting object of public eulogium. I will not conceal from you, however, the disappointment which I felt on observing the loose manner in which Dr. Clutterbuck spoke of "total abstinence;" and more especially as, from his high reputation both as an author and a lecturer, besides being a physician of "such extensive experience," a high degree of deference will be paid to his opinion on a subject "so much agitated" and so vastly momentous. Now, when it is recollected that tens of thousands of valuable lives are annually sacrificed to the use of intoxicating drinks, it is not too much to aver that their influence upon the human system deserves the most calm and scientific investigation; at any rate, the dreadful havoc which is made on society by their general employment, is calculated to urge a deep and earnest inquiry how far they are *absolutely necessary for the sustenance of man*. This is, therefore, a question of intense interest, and ought not to be approached with indifference, or rejected with disdain; nor ought this great moral and physiological inquiry to be considered as coming only within the province of "temperance societies," since it involves considerations of the highest interest to the human family, and considerations which force themselves daily upon the attention of every medical man; and whether we are desirous of evading the question or not, it is quite impossible to avoid the direct responsibility which is entailed upon every member of the healing art upon a subject so closely allied to the public health. Sir Astley Cooper, in speaking on this subject to a friend only a few months before his death, said, "on this subject we have all been most sadly deceived;" and well he might, for on no subject has the public mind been so thoroughly abused as on the *nature and properties of alcoholic drinks*. All classes have been equally misled; nor have medical men been suffered to escape the "great delusion." There has, however, within the last few years been instituted, chiefly, it must be admitted, through the influence of "temperance societies," such a general agitation of this subject, that few are now disposed to concede to intoxicating drinks those salutary attributes which they were wont to possess; and even medical men, who appear almost the last to exhibit any sympathy with the "temperance" movement,

are more indebted to this source for sound and rational views on this subject than to the recognized principles of medical science. Not only have the phenomena resulting from intemperance been more clearly ascertained, but it has been suggested, and many enlightened and acute pathologists believed, that intoxicating liquors taken in "moderation" are injurious to the human frame; at any rate, it has been triumphantly demonstrated, that all kinds of intoxicating drinks may be dispensed with, and without any injury to the constitution; nay more, that the practice of "total abstinence" is, in a very high degree, salutary to the system; and if arguments were wanting to prove the efficiency and advantages of "teetotalism," they are furnished by millions in the individual experience of every abstainer from intoxicating drinks! Time was when this system was deemed to be utopian and absurd; and I confess myself to have been at one period as sceptical on this subject as any of my brethren. Nearly seven years' experience in my own person, however, and daily observation of those around me, have served to convince me of the truth and validity of these principles; and without committing myself to the dogmas of the hydropathists, I may be allowed to say that there is no department of medicine of more interest or of higher importance than a due consideration of those diseases which are directly or indirectly the result of *alcoholic agency*; for not only are there those glaring and more obvious symptoms which are familiar to the most superficial observer, but other and not less important affections which, although more occult and insidious in their influence, are equally fatal in their results, and which are too often unsuspected as to their real origin.

The time has gone by when any man can hope to succeed in upholding the former reputation of alcoholic drinks already tottering to its fall; and it must be vain for Dr. Clutterbuck to expect that he shall be able successfully to repudiate the principles of "total abstinence." It surely can be no sufficient argument to say that intoxicating drinks are necessary, because "ours is in a great degree a state of artificial existence." Do not most of our domesticated animals maintain an equally "artificial existence?" But Dr. Clutterbuck very wisely observes, "that experience in these matters ought to be our chief and only guide;" adding, also, that "diseases, peculiarly incident to a cold and variable climate like ours, such as, for instance, pulmonary diseases and scrofula in all its variety of forms (which, together, constitute the great mass of our diseases), are most effectually prevented by what is called a *generous diet*, both in respect to *food and drinks*; while in the treatment of diseases of this class the same general principles ought to be kept in view." With regard to "pulmonary diseases," there can be no doubt but that they are often superinduced by the use of intoxicating liquors; and highly as I approve of a "generous diet" in cases of scrofula in "almost all its variety of forms," I do not think that in order to constitute a "generous diet," it is necessary to employ *intoxicating drinks*. That system of diet must be the most "generous" which is the most nutritive; and as intoxicating liquors contain only a very limited supply of nutriment, and some none at all, I am led to the

conclusion that "nature" is under less obligation to intoxicating drinks than Dr. Clutterbuck would have us to believe. It is well known that *ardent spirits* possess no single property of nutrition. *Wines* for the most part but ill deserve the reputation which they have so universally acquired; few indeed can be relied upon as genuine; and many are "vile brandied compounds," imposed on society under the names of port, sherry, Madeira, &c. Franklin spoke only the truth when he asserted that a penny loaf contained more nourishment than a gallon of *ale*; nor will it be possible much longer to compound and synonymize *stimulation and strength*!

The great almoners of health are, wholesome food, pure air, moderate exercise, sound sleep and good water. The most "generous diet" may be supplied without a single drop of intoxicating liquor; and let it be recollected that alcohol, which constitutes the specific character of intoxicating drinks, is the fruitful parent of innumerable diseases, and so far from possessing wholesome and salutary properties even in those prophylactic combinations in which it is said to be disarmed of its deleterious properties, it is the same noxious and pernicious article. In the stomach it undergoes no change, but passes into the circulation without any mitigation of its character; it carbonizes the blood more rapidly than it otherwise would be; it enters the delicate and sensitive organs and tissues of the body, and in many ways lights up disease as palpably as it excites the brain to congestive inflammation and delirium. If we had not the advantage of direct "experience" on the subject, common sense and sound philosophy would suggest that the great wear and tear of life is occasioned by the exhausting influence of moral and physical excitement; "who would add momentum to an avalanche?" And is it not clear that to add the stimulus of intoxicating drink to the ordinary stimulus of arduous mental or bodily toil, is "lighting the candle at both ends?" Nor is it easy to admit the force of Dr. Clutterbuck's opinion, that intoxicating liquors "are required by the variable nature of our climate;" and here I would adduce not my own experience only, but that also of many others, whose occupations have exposed them to every vicissitude of this variable climate, and who have assured me that since they adopted the "total abstinence" principle, they have enjoyed a greater immunity from disorders and a more firm and robust health than ever they did previously.

Can Dr. Clutterbuck be insensible to the fact, that there are at this day living within the kingdom of Great Britain upwards of seven millions of total abstainers from all intoxicating drinks? Surely numbers cannot be wanting to prove the validity of the principles! And of these, are persons of all *ranks*, from the peer to the peasant; of all constitutions, from the athletic to the effeminate; of all occupations, from the laborious artisan to the sedentary employée; of all *ages*, from the infant at the breast to the veteran of 90; and of all parts of the kingdom, from "John o'Groats" to the "Land's end." So that so far as "experience goes, it is all on the side of total abstinence.

Children nursed on total-abstinence principles escape many of the disorders so common to childhood. Females who abstain from alcoholic

drinks enjoy, during pregnancy, an immunity from many distressing symptoms incident to this interesting period. Mothers who "abstain" prove, during lactation, the utter fallacy of those vulgar prejudices which assume the necessity for alcoholic drinks. Hereditary diseases, which are so common, more particularly *scurvy* and *scrofula*, are greatly mitigated, if not wholly destroyed, upon this plan. Convulsions, to which nurslings are so liable, and which are frequently supposed to require the gum lance, are too frequently caused by the alcoholic milk. During the adolescent period, when the rising generation is too commonly initiated into the use and relish of intoxicating liquors, "total abstinence" is of the highest importance, not only as preventive of a dangerous appetite, but also as tending to promote a sound and healthy state of the system at a period when the seeds of a premature decay are often sown by an indulgence in such liquors. Total abstinence is singularly serviceable in placing the constitution in a state favorable to an exemption from diseases; whilst those induced by a contrary practice are numerous and formidable. The ordinary headaches which follow alcoholic potations prove the peculiar sensibility of the brain to their morbid influence; and the usual phenomena which attend and follow a fit of drunkenness exhibit, in a striking manner, the influence of this excitement. Many of the nervous class of disorders are the certain fruit of spirituous excitement; whilst the most aggravated forms of apoplexy, paralysis, epilepsy and mania, are among the progeny of this prolific parent. Nor is it surprising that a system of diet, which is so detrimental to the healthy functions of the heart, the brain, the organs of respiration and nutrition, should induce a deteriorating influence upon the animal spirits, as well as the physical energies of the whole system; and startling as the opinion may be, it is scarcely too much to assert, that human nature may be sooner worn down by intoxicating drinks than worn out by hard labor; and it may be worthy of inquiry, whether there are not more deaths from the effects of moderate drinking than victims to intemperance; at any rate, no man who indulges in intoxicating drinks can say what mischief may ensue, or to what extent it may not proceed. I am aware, however, that wines and other alcoholic drinks are employed in the treatment of diseases by many eminent physicians; and if reliance is to be placed on their statements on this head, with actual advantage. I am bound to state, however, that in cases strictly analogous to those referred to, I have known equal success without anything of the sort, and I strongly incline to the belief, that I have frequently administered these remedies with disadvantage to my patients, and I greatly fear that thousands have been sent prematurely to the grave through the injudicious administration of alcoholic stimulants; at the same time, I can most readily believe that many recoveries have been protracted, if not prevented, by seizing the first opportunity that has presented itself on the subsidence of the more active symptoms, for commencing a course of stimulation, by which, in many cases, the dying embers of disease have again been lighted up, and secondary symptoms have been established, which have either terminated in death or in a sequela of difficult and uncertain removal. In convalescence, after fevers and other active diseases, I have generally

found that a light and nutritious diet has proved more serviceable than a contrary practice. Cases are continually occurring wherein the use of wines or malt liquor, more especially porter, are employed as tonics, and of this class the latter is quite a favorite! And in how many cases have they proved worse than useless? not unfrequently aggravating the symptoms for which they were prescribed! Dr. Clutterbuck cites the case of his deceased friend, which proves as strongly as anything can do the value of the principle for which I contend; and yet by way of corollary, in alluding to the *abstemious habits* of Dr. Birkbeck, he takes occasion to assail the system of total abstinence! "And this," he says, "I am induced to do for the purpose of remarking, that a rigid abstinence, in regard to either food or drink, is not, generally speaking, advisable;" adding, "It is no argument to say that intoxicating drinks are unnatural, and therefore injurious to the human frame. Nature does not supply us with adequate or proper food, unless herself stimulated by artificial means. There seems, therefore, to be no reason (*a priori* at least) for abstaining altogether from artificial excitement." And does Dr. Clutterbuck think such reasoning as this can vindicate the necessity for *alcoholic* drinks? He must take a limited, not to say a mistaken view of the matter, if he supposes that abstinence from spirituous liquors implies or involves a "rigid abstinence" with regard to food. No such thing. Nor is the proper excitement and really healthy stimulus connected with good and wholesome food to be confounded, any more than it is to be compared, with the morbid excitement of alcohol. It is equally superfluous for Dr. Clutterbuck to exclaim against the "ascetic" character of those who refuse to take intoxicating drinks, since we know such to be amongst the healthiest and the happiest of our species; nor can it avail anything to allude to individuals "who live to a great age, with an extraordinary exemption from disease, whose habits of life are far from temperate." Of such instances of tenacity of life, there can be but one opinion—they are rare *exceptions* to the general rule! Nor would Dr. Clutterbuck or any other physician risk his reputation on maintaining that those who "are far from temperate live to a great age, with an extraordinary exemption from disease." But Dr. Clutterbuck adds, "for myself, at least, I confess I am not of the *ascetic* tribe of philosophers who denounce as sinful everything in the shape of *enjoyment*, and who inculcate the notion that the only path to heaven is strewn with thorns." This, at least, is sufficiently intelligible; and after such a confession there need be "no mistake" as to the *animus* by which Dr. Clutterbuck is influenced in his opposition to total abstinence.

———"Non invidio,
Non tali auxilio, nec istis defensoribus,
Sed majis minor!"

CASE OF LITHOTOMY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case is at your disposal.

Erastus Dresser, of Sempronius, Cayuga Co., Oct. 19, of good constitution, has been for about five years occasionally afflicted with symptoms of calculus, such as pain in the loins, along the course of the ureters and down the pelvis and thighs, with slight numbness of the lower extremities, and difficulty of voiding his urine, which would at times only pass guttatim, or perhaps suddenly stop if passing in a full stream. These symptoms would sometimes come on while engaged in active exercise, riding on horse back or in a waggon, and sometimes while sitting upon a hard seat. On the 24th of May, 1842, he was attacked with more than usual severity, and on the 25th Dr. Wm. Cooper, of Kellogsville, was called, who found him laboring under the ordinary train of symptoms attending calculus of the bladder—extreme pain and heaviness about that viscus, pain in the glans penis, with stillicidium urineæ, high fever, &c. Cathartics, febrifuges and diuretics were administered, and continued with some variation for three or four days, without affording any relief. Meantime repeated but fruitless efforts were made to introduce the catheter for the purpose of evacuating the bladder, which was becoming considerably distended.

On the 30th a consultation was called. The patient at this time was in extreme suffering; retention of urine almost total; great tumefaction and tenderness of hypogastrium; bladder distended, apparently to its utmost; fever high; pulse excited; profuse perspiration, and countenance expressive of great mental anxiety. On introducing the sound, a calculus was very distinctly detected at the neck of the bladder. As the patient required speedy relief, an immediate operation was resolved upon, which was performed by Dr. A. B. Shipman, in presence of Dr. Cooper, Dr. Powers and myself.

The patient being placed upon the table, in the position for the lateral operation, and other preparatory steps taken, the staff was introduced and held by an assistant with the handle inclined towards the right thigh. An incision of about three inches in length was made in the perinæum, on the left of the raphe, and continued down to the membranous portion of the urethra; an opening was then made in the urethra upon the staff, with a common convex-edged bistoury, and extended to the prostate gland which was partially divided, when the point of the knife came in contact with the stone. The staff was then withdrawn and the stone extracted with a pair of small forceps, followed by a gush of urine. On introducing the catheter through the wound, a large quantity of urine, somewhat sanguineous, and containing much dark sediment, was drawn off. The wound was then dressed, and the patient put to bed, with the catheter passed into the bladder through the urethra. The calculus was of small size, about half an inch in diameter, of triangular shape, and was wedged into the neck of the bladder, producing much irritation and obstructing the passage. The patient expressing himself very comfortable, was left in the care of Dr. Cooper.

Saw him again June 8th. Learned from Dr. C. that everything progressed favorably, and wound was nearly healed. The patient, however, at this time experienced some little difficulty in voiding urine; catheter would not pass, probably in consequence of spasmodic stricture excited by the presence of the instrument. These symptoms passed off, without giving much inconvenience, and the patient is now entirely recovered.

H. O. JEWETT.

Cortlandville, N. Y., July 15th, 1842.

STUDIES IN PATHOLOGY.

[DR. C. R. GILMAN, Professor of Obstetrics in the College of Physicians and Surgeons, New York, gives the following contributions to pathological anatomy in one of the final Nos. of the late New York Medical Gazette.]

Extensive Tuberculization. Tubercle in the Walls of the Heart.

—A. M., a female child, aged twenty months, has always been delicate and feeble, appetite irregular, belly tumid. Has never had marked diarrhoea or other intestinal difficulty. During the past winter several scrofulous tubercles appeared on the skin, first as hard, white, flattened tumors, about half an inch in diameter, and apparently two or three lines thick. Slowly and without pain they increased till some of them were a full inch in diameter—with this change in size, a change in color to a deep purple-red was remarked in some, but not in all of the tumors, also some central softening. June 4th, the child, then in the country, was seized with symptoms of central irritation with some fever, and being brought to town, died on the way, rather suddenly. The body was examined, six hours after death, by Drs. Watts, Buel, Roberts and myself. On opening the cavity of the peritoneum, that membrane was found covered with small granular tubercles. They occupied not only the parietal peritoneum, but that covering the liver, the spleen and the intestines. The abdominal viscera were extensively glued together, and the omentum to the abdominal wall.

The chest was next examined; the lungs were healthy, but the pericardium was dotted over with tubercles, and on cutting into the left ventricle two small masses of tubercle were found imbedded in the wall. These masses were carefully examined by all the gentlemen present, and no doubt of their being true tubercle was entertained. The brain was examined, but no trace of tuberculous deposit was found in any part of the viscus or its membranes. The arachnoid about the fissura Sylvii was scrutinized with the utmost care, but no tubercles found. The glands of the neck had never been enlarged in this case, but those of the mesentery were very extensively diseased.

It is remarkable that so much chronic peritonitis should have existed in this case without any very distinct symptoms. This child never complained of pain or soreness when the belly was pressed, nor had she any great amount of intestinal disease at any period of her life.

Gall Stones encysted in the Walls of the Gall Bladder.—M. D.,

aged 35, died June 11th, of cardiac disease. On examination, present Drs. Kissam, Watts, Parker and myself, the heart was found enormously hypertrophied in all its parts, no disease about the valves or great vessels. The pericardial sac was completely obliterated, its two surfaces adhering closely and intimately throughout. The adhesions were very firm and old. The endocardium in the auricles was somewhat thickened, and had an abnormal yellow tinge. Was the hypertrophy in this case consequent upon the adhesion? Probably it was. The degree of adhesion existing in this case would impede the action of the heart very considerably, and the additional labor thus thrown upon the organ might very naturally cause an augmentation of its muscular structure. The liver was large, and presented that peculiar mottled appearance called *nutmeg liver*. The gall bladder contained six or eight gall stones about the size of large marbles. Its coats were thickened, and at one point on its external surface a stone the size of a pea was embedded in its substance. By careful dissection and examination it was made entirely certain that this stone was fairly beneath the mucous coat of the gall bladder, and not merely sacculated as we now and then see stones in the bladder. The fact, though not of any practical importance, was new to the gentlemen present, and is therefore worth recording.

Vascular Tumors around the Verge of the Meatus Urinarius.—By the kindness of Professor Parker, I was present at an operation performed by him June 7th, 1842, for the removal of one of these very troublesome excrescences. The patient, a widow lady of about thirty, had been annoyed by it for three or four years, and of late the irritation had become so great as to render walking or riding in a carriage nearly impossible.

On examination, the tumor, about the size of a small pea and of a fiery redness, was found to occupy the inferior margin of the meatus urinarius. It was excessively tender, soft and spongy, breaking down at the slightest touch. On very careful inspection I found that besides the main tumor, the mucous membrane for a small space around the meatus was occupied by several red points or very minute tumors, scarcely larger than the point of a pin, but of the same fiery redness as the main mass. Some of these were at the distance of half an inch from the large tumor, and would undoubtedly escape any but a very careful inspection.

It is well known that these vascular tumors about the meatus, though clearly not malignant, are very apt to return after attempts are made to extirpate them. May not these supposed returns be in fact the development of another and another of the minute points here described, which from its extreme smallness has escaped the notice of the operator, and from its distance from the main tumor is not reached by the knife or caustic?

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, JULY 27, 1842.

MEDICINE AND SURGERY IN QUEBEC.

PERHAPS there are no practitioners in the British American Provinces better educated for the several departments of professional life to which they are devoted, than those of the city of Quebec. Those who are most distinguished, are natives of Scotland, England or France, where they had all the advantages of elevated scientific instruction in early life. A very few only, residing within the walls, who are engaged in practice, were born in Lower Canada. There are several, a younger class of aspirants, in the suburbs, who acquired their professions in the States. It is considered that the advantages to be derived from an attendance on the lectures in Boston, New York or Philadelphia, are now quite as valuable to Canadian students, as those of Edinburgh or London, so far as the great and leading principles are concerned. A fact that is stated in an American school, would still be but a fact when presented in Europe.

The admirably-conducted hospitals, too, of the Atlantic cities, are appreciated by the medical gentlemen of the Provinces, or they would not so generally recommend their pupils to forego the fatigues of a voyage to the mother country, in pursuit of a species of knowledge that is attainable nearer home. From a personal intercourse with those who are able from their position in society to influence the public sentiment, we feel assured that the confidence of the Canadian physicians in the medical institutions of the States, is increasing, and the evidence of it will be shown in an annual increase of students from the British American Provinces.

A medical school exists at Quebec, which is confided to the care of able men, such as Dr. James Douglass, Dr. Morrin, and some others, who are well known to the world. Of the number in attendance on the lectures, ordinarily, we have not ascertained. This much, however, is certain, that the College is considered to be firmly established, and constantly gaining in character and in public esteem.

The Hotel Dieu, established in 1636, by the Duchess D'Aiguillon and Cardinal Richelieu, is the oldest hospital, probably, on the American Continent. The *Sœurs de Charité* have the entire management of its finances, and elect the medical officers. The patients increase or diminish just in proportion to the value of the rents of buildings belonging to the nuns. If many of their houses are vacated, or unusual repairs are required to keep the property tenantable, then they have less money to bestow in charity. They are admirable economists—since they never owe a farthing; nor do they allow any money to accumulate on their hands. At the close of a year the institution is always free from debt. The nuns, too, decide upon admissions and grant discharges, influenced, however, in either case, by the advice of the medical attendants—whose services are gratuitous. The Hotel Dieu, as a specimen of ancient architecture, is a rare curiosity. Its interior is no less rare than its exterior. Extreme neatness, comfort, order, and unceasing kindness towards the sick, characterize this unpretending charity.

The Marine Hospital is of recent origin—a noble stone structure without the walls, at the mouth of Charles river, and not yet completed.

At Grosse Island, 27 miles below Quebec, there is another hospital which takes cognizance of all diseases brought in from sea. At the present time, owing to the immense rush of Irish emigrants, many of whom arrive in a feeble condition, the effects of a long and tedious voyage, two hundred patients, principally with fevers, are in this hospital. Dr. G. M. Douglass, the attending physician, is constantly occupied, therefore, with the duties of his office.

Although the cities of Lower Canada are abundantly supplied with an industrious, learned body of physicians, the country towns are woefully neglected. There is not a single practitioner for fifteen or twenty miles to the north and west of Quebec. Beauport, a thriving agricultural town, four miles distant; Charlevoix, seven miles; and Lorette, nine miles—delightful residences, commanding unrivalled and extensive scenery, with excellent Macadamized roads to the city—have neither of them either a physician or druggist, and the people are obliged to send to Quebec for medical advice and assistance. Yet, from a general examination of those and other towns equally destitute, we see, no reason why a physician would not succeed to his entire satisfaction in either of them.

When physicians from the States contemplate establishing themselves in the Canadas, their diplomas must necessarily be lodged with the medical board of examiners. An examination may be required, but ordinarily a degree or license is sufficient evidence of the qualifications and respectability of the applicant. The board were never known to place obstacles in the way of any one who emigrated from the States.

Puerperal Fever.—The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, for May, June and July, contains a full account, given by Dr. Condie at the meeting of May 3, of a peculiarly malignant puerperal fever which was prevailing at that time in the southern sections of that city. The disease is stated by Dr. C. to have occurred alike in the young and middle aged, the robust and the delicate, and nearly every case which he had noticed had thus far proved fatal. The rapidity and ease of the labor were considered to have no influence on the disease, nor did a first confinement lessen or increase the danger. The first symptoms, as detailed by Dr. C., are as follows:—

“Usually, within the first three days, but sometimes within a few hours, after delivery, the patient was seized with a chill, differing in intensity in different cases—being sometimes so slight as scarcely to attract attention, while at other times it amounted to a perfect rigor. The chill was quickly succeeded by a febrile re-action, attended with a hot, dry skin, some thirst, a white milky fur upon the tongue, and a quick, rapid pulse, amounting in some cases to 160 or 170 and upwards in a minute. The pulse was often full, but invariably soft and compressible. There was, from the very onset of the disease, a peculiar anxious or distressed expression of the countenance—and a mottled or irregular flushed appearance of the face. The patient, soon after the attack, generally complained of some soreness or dull pain—often confined, at first, to the groins or across the hypogastric region. The pain was increased upon pressure. It very speedily increased in intensity, and spread over the whole of the abdomen, which now became tumid and more or less tympanitic.”

The bowels were usually constipated, but Dr. C. always found them easily acted upon—after which small portions of slightly dissolved mucus were discharged, with considerable tenesmus. The stomach was extremely irritable, and occasionally a greenish flocculent fluid was vomited. Generally the secretion of milk, as well as the local discharge, was greatly diminished. The respiration soon became short and oppressed, with great sense of weight at the præcordia.

“As the disease progressed, the abdomen became, in general, more swollen, tense and painful; the shortness of respiration more striking, and the pulse more frequent, quick and feeble—the countenance of the patient assuming a very peculiar, dusky hue, and dejected expression. The irritability of the stomach increased—vomiting became frequent—and, very commonly, there speedily ensued a discharge from the stomach, at short intervals, by a species of eructation, of mouthfuls of a dark greenish or chocolate-colored, flocculent fluid, which, according to Dr. C.’s observation, was invariably a fatal symptom; it being very soon succeeded by a cold, clammy condition of the skin, occurring first in the extremities—a dark leaden hue and haggard expression of the countenance—a sunken state of the eyes—profuse perspiration, especially about the head, face and superior extremities—and death, which generally occurred upon the third or fourth day of the disease. In but few cases was the disease protracted beyond the fifth day.”

Dr. Condie states that he has become convinced that this fever is capable of being communicated by contagion. In proof of its being so communicated, he mentions the fact that in one district the disease has been exclusively confined to the patients of a single physician extensively engaged in obstetrical practice, scarcely a female among them, who had been delivered for weeks past, having escaped an attack.

With regard to the treatment, Dr. C. states that it has been various in the cases that have fallen under his notice. Venesection, followed by active purgation, was fully tried, “succeeded by fomentation and blisters to the abdomen—and Dover’s powder, the nitrous powders, with calomel, pills of blue mass, opium and ipecacuanha, spirits of turpentine, &c., internally.” But the disease has appeared, however treated, as already remarked, to run pretty much the same fatal course. Blisters to the abdomen were found beneficial in abating pain and intumescence—and over the præcordia, they sometimes relieved the difficulty of respiration. In the Philadelphia Hospital, in every instance in which venesection had been resorted to, the patient died. It is stated that a majority of the children of females who had died, are still living and doing well.

In three cases a post-mortem examination had been made by Dr. Ashmead. In the first case there was “general peritoneal inflammation, with slight effusion of serum, with flocculi floating in it; serous infiltration in the cellular tissue of the broad ligaments, a little lymph on the surface of one of the ovaries, a rose-colored blush covering the peritoneum of the uterus and intestines, no adhesion among the intestines, and great tympanitis. The uterus being laid open presented a perfectly natural appearance. In the second case, the patient had died on the sixth day. There was the same appearance of peritoneal inflammation, but in a higher degree, with serous effusion, and slight recent adhesions between the peritoneal surfaces of the intestines. Pus was found in the cellular tissue of the broad ligaments, in the structure of the uterus, and Dr. A. believed, also, in the cavity of the veins—the uterine cavity was

healthy. This patient had vomited a dark or coffee-colored substance, a quantity of which was found in the stomach after death. In the third case, the patient had died on the third day. A large quantity of lymph was found effused in the cavity of the peritoneum, with a copious deposit of pus in the broad ligaments. Dr. Ashmead thought that the veins were also involved in this case, but Dr. Hodge, who was present at the autopsy, did not consider the appearance sufficiently positive to substantiate this conclusion. In this, as well as in the other cases, the liver, spleen and kidneys were softened, as is seen in cases of low, malignant fevers. In one of the cases, the stomach contained a fluid resembling coffee grounds, and probably the same as the black vomit of yellow fever; the follicles of the mucous membrane of the stomach, were in this case enlarged, although its mucous surface was not inflamed. Dr. Ashmead had participated in the treatment of several cases. In one case the patient really seemed to have improved, and there appeared to be a fair prospect of recovery, had it not been for the enormous tympanitis, which by preventing the free action of the lungs, was, in the opinion of Dr. A., the immediate cause of death in these cases. Efforts were made to draw off the gas by the tube and syringe, but without success, and the patient died. It was found after death, that the gas occupied the small intestines, the colon being nearly empty, which accounted for this failure. Dr. Ashmead had seen leeches used largely in one case, with great relief, and with an apparent improvement in the pulse, but the patient died. He had also tried the free use of tartar emetic, with no better result. He had not certainly the same fear of depletion as Dr. Condie—notwithstanding the unfavorable result of the cases in which he had seen it resorted to."

Much discussion by the members of the College followed Dr. Condie's account of the disease, which we have greatly condensed above, but our limits forbid any further quotations the present week. At the meeting of July 5th, Dr. C. stated that few cases occurred after the meeting of May until the latter part of June, when several cases again appeared, two of which were speedily fatal.

Sudden Death from Spontaneous Rupture of the Spleen.—A soldier, who had suffered several attacks of intermittent fever, was found dead, and was thought to have been murdered. In the examination of the body, the abdomen was observed to be swelled as in ascites, and a puncture gave vent to a large quantity of blood. The spleen was extraordinarily enlarged, and had assumed an oblong shape from above downwards, occupying all the left side of the abdomen, displacing the liver and stomach to the right. On its anterior surface was a fissure, two inches in length. The splenic vein was much dilated, the arcolæ of the spleen also much enlarged; this was especially remarkable in the neighborhood of the fissure. The condition of the spleen was at this point truly aneurismal, and the mechanical engorgement which the organ had undergone was so great that rupture took place.—*Journal des Connaissances Médico-Chirurgicales.*

Number of deaths in Boston for the week ending July 23, 43.—Males, 18; Females, 25. Stillborn, 3. Of consumption, 7—measles, 1—lung fever, 2—accidental, 1—teething, 2—intemperance, 1—drinking cold water, 1—smallpox, 1—cholera infantum, 3—dysentery, 1—typhus fever, 3—scarlet fever, 7—infantile, 3—cholera morbus, 1—dropsy, 2—disease of the spine, 1—bilious fever, 1—inflammation of the stomach, 1—old age, 1—marasmus, 1—inflammation, 1—hydrothorax, 1.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

Session of 1842-43.

THE Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	-	-	-	W. W. GERHARD, M.D.
Clinical Surgery, by	-	-	-	Drs. GIBSON and HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the policy of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants. 263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private, and in their rounds of practice, to such gentlemen as desire it.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

THE annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$105.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry:

Appointments by Professors of Surgery and Anatomy.

JOHN CARNOCHAN, M.D., Prosector to the Professor of Surgery.

JOHN H. WHITAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—eoptN1

JOHN W. DRAPER,

Secretary to the Faculty.

MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C.

FACULTY.

THOMAS SEWALL, M. D., Professor of Pathology and the Practice of Medicine.

HARVEY LINDBLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.

WILLIAM P. JOHNSTON, M.D., Professor of Surgery.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this Institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10.

Good board can be procured at from \$2 50 to \$3 per week. Most of the students during the last session paid but \$2 50 per week.

Washington, April, 1842.

July 27—eoptN1.

HARVEY LINDBLY, M.D., Dean.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	ELI IVEY, M.D.
Principles and Practice of Surgery, by	JONATHAN KNIGHT, M.D.
Obstetrics, by	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	HENRY BRONSON, M.D.
Lecture fees, \$68.50.—Contingent bill, \$2.50.—Matriculation fee, \$5.—Graduation fee, \$15.	
New Haven, July 7, 1842.	Jy 13—1L CHARLES HOOKER, Secretary.

ALBANY MEDICAL COLLEGE.

The annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by ALDEN MARCH, M.D.
Theory and Practice of Medicine, by JAMES McNAUGHTON, M.D.
Obstetrics, by EBENEZER EMMONS, M.D.
Materia Medica, by T. ROMEYN BECK, M.D.
Chemistry, by LEWIS C. BECK, M.D.
Anatomy, by JAMES H. ARMSBY, M.D.
Institute of Medicine, by THOMAS HUN, M.D.
Medical Jurisprudence, by AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week. J. H. ARMSBY, M.D., Registrar.

ALDEN MARCH, M.D., President.

AL27—10

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptm JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the Infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocker, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lances, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

MAYNARD & NOYES,

IMPORTERS and wholesale dealers in drugs and medicines, surgical instruments, &c., No. 11 Merchants' Row, Boston. Physicians from the country may be sure of receiving from our establishment none but the best of medicines, on satisfactory terms, for cash or credit, and are invited to forward their orders. Je 15.—lamly

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

INFIRMARY AT CONCORD, N. H.

For the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXVI.

WEDNESDAY, AUGUST 3, 1842.

No. 26.

ON THE HYDROPATHIC TREATMENT OF FEVERS.

BY R. H. ALLNATT, M.D., A.M., F.S.A.

THERE are some disorders to which the application of cold water, as a remedial agent, appears so unequivocally indicated, as to render it a matter of surprise that, after having been suggested, and its claims rendered apparent, it should ever have fallen even into partial disuse. The enthusiastic genius of Priessnitz may have impelled him and his votaries into some extravagancies beyond the bounds of legitimacy and prudence; but after the system shall have been divested of the marvellous, and rendered amenable to unbiassed investigation, the result will furnish, I think, to the practitioner, many rational, valuable and available resources.

The practice of applying cold water in the treatment of fever was not unknown to the ancient physicians; but although so obviously indicated, and its efficacy so strongly urged by the late Dr. Wright, of Jamaica, and Dr. Currie, of Liverpool, in the hot stages, it has never become general. In the London Medical Journal for 1786, several cases are detailed, from the pen of Dr. Wright, of the successful treatment of fever by cold ablu-
tion. He succeeded in arresting the progress of the disease in his own person, after twice applying the remedy, and from personal experience of its immediate effect, he employed it successfully in other cases. Dr. Currie subsequently extended the principle, and regulated the practice from accurate observation of its salutary action.

It is unnecessary perhaps to enter here into the etiology of fever, or the effects which follow the introduction of morbid poisons into the system. These effects are apparent, but the exciting cause is still involved in obscurity. It will suffice for our present object to state, that when the skin grows preternaturally hot, the time for cold ablu-
tion has arrived.

A young woman came lately under my care laboring under typhoid fever, consequent upon synochus of long duration. She had been the tampered charge of a renowned Homœopath, and had been drugged by decillionths into the jaws of the grave. I found the skin steadily hot, without perspiring; aphthæ had formed about the tongue and lips, and there was transient delirium at night. After attending to the state of the bowels, I ordered cold applications to the heated surface, and with immediate benefit; the delirium ceased, she regained her mental tranquillity, and awoke refreshed after each successive application.

I am aware it is the practice of some physicians to do little else in cases of fever than foment the surface, and exhibit ice internally. An

intelligent practitioner, Dr. Gully, who has lately published a work on "The Simple Treatment of Disease," has followed this practice for years, and, he tells me, with great success. If there be visceral disease, this method, in combination with local bleeding, recommends itself by its simplicity, and the evidence we obtain of its efficiency. If, however, no lesion exist of an internal organ, hot topical applications are not indicated.

It is not requisite, in this country at least, that the sufferer should be half drowned, by having, as have been recommended, buckets of cold water dashed over his body. An equally efficacious and certainly less objectionable mode of procedure, is to take the patient from the bed, lay him on the floor (or in a bath, if there be one convenient), and affuse the body with a gentle shower from the nose of a common waterpot. The effect is to reduce the morbid heat, lower the pulse, induce perspiration and sleep, and augment the stagnant secretions; and, in nine cases out of ten, no ill effects will follow, if the operation be performed with due consideration.

The following rules, recommended by Dr. Currie, appear to embrace all the precautions requisite to be observed:—

1. The remedy should not be used when there is any considerable sense of chilliness, although the thermometer indicate a morbid degree of heat. If the affusion be employed during the cold stage of fever, the respiration is nearly suspended, the pulse becomes feeble and fluttering, and of incalculable frequency, the surface and extremities are doubly cold and shrivelled, and the patient seems to struggle with the pangs of instant death. Under such circumstances the affusion of a "*few buckets*" of cold water would extinguish life!

2. Cold affusion ought never to be employed, when the heat, measured by the thermometer, is less than, or equal to, the natural heat, notwithstanding the patient feel no sense of chilliness. This is sometimes the case towards the last stages of fever, when the powers of life are weak.

3. It is also necessary to abstain from the use of this remedy when the body is under profuse sensible perspiration; and this caution is more important in proportion to the continuance of this perspiration. In the commencement of sweating, especially if it has been brought on by active exercise, the affusion of cold water on the naked body, or even the immersion in a cold bath, may be hazarded with little risk: but after the sweating has continued for some time and flowed freely, especially if the body has remained at rest, affusion or immersion is attended with danger. Sweating is a cooling process in itself; but in bed it is often prolonged by artificial means, and the body prevented from cooling to its natural degree of heat. In this situation, Dr. Currie states that the heat sinks rapidly on the exposure of the body to the air, and that the application of cold water, either by affusion or immersion, is accompanied by a loss of heat, and a deficiency of re-action, altogether incompatible with safety.

According to the same author, if affusion be employed on the first or second day, with the precautions recommended, the progress of the fever is often checked; but it is seldom successful when applied so late as the third or fourth day; though when administered on the eighth or tenth, or even later, it moderates the symptoms, and shortens the duration of the fever.

Dr. Tweedie states, "the advantages of the cold affusion, in the acute or inflammatory forms of fever, have been acknowledged by almost every writer or practitioner who has adopted the practice. My own experience of it certainly accords with that of others, as to its efficiency in reducing the febrile heat and moderating the symptoms."

In the early and acute stages of the genuine exanthemata, cold affusion has been resorted to with success. The testimony of Dr. Bateman as to its utility in scarlatina, especially that of the anginose form, is as follows: "We are possessed," he says, "of no physical agent, as far as my experience has taught me (not excepting even the use of bloodletting in acute inflammation) by which the functions of the animal economy are controlled with so much certainty, safety and promptitude, as by the application of cold water to the skin under the augmented heat of scarlatina and some other fevers. This expedient combines in itself all the medicinal properties which are indicated in this state of disease, and which we should, *a priori*, scarcely expect it to possess; for it is not only the most effectual febrifuge (the *febrifugum magnum*, as a reverend author long ago called it), but is, in fact, the only sudorific and anodyne which will not disappoint the expectation of the practitioner. I have had the satisfaction, in numerous instances, of witnessing the immediate improvement of the symptoms, and the rapid change in the countenance of the patient, produced by washing the skin. Invariably in the course of a few minutes the pulse has been diminished in frequency, the thirst has abated, the tongue become moist, a general free perspiration has broken forth, the skin has become soft and cool, and the eyes have brightened; and these indications of relief have been speedily followed by a calm and refreshing sleep. In all these respects the condition of the patient presented a complete contrast to that which preceded the cold ablution, and his languor was exchanged for a considerable share of vigor. The morbid heat, it is true, when thus removed, is liable to return, and with it the distressing symptoms; but a repetition of the remedy is followed by the same beneficial effects as at first."

In measles, also, the application of cold water has been adopted with success in the early stages. Kämpfer assures us that, at Java, the children die of the measles if they are not washed with cold water. Guersent says, he would not hesitate to apply the remedy where there was pure debility, free from disease of the chest.

In the ardent stages of the eruptive fever of variola, cold affusion has been attended with beneficial results.

Dr. Currie was of opinion that salt water may be applied with more advantage than simple water, and persisted in for a longer period with less hazard to the patient. There can be no objection to the addition of salt, as it may, by its gently stimulating action upon the skin, more speedily promote perspiration. The abstraction of morbid heat, however, is the main object of the practitioner, which induces a powerful and salutary re-action.

In the category of diseases treated by cold water, those, I trust, which I have briefly noticed will hereafter assume a conspicuous position. It is, I know, the mere revival of an old, and, I am sorry to add, well nigh

obsolete, practice ; but I am assured that none could well be so safely consigned to the tender mercies of the Hydropath as many of the exanthemata and febres.

The practitioner should never be deterred, by the mere repugnance of his patient, from employing so efficient and powerful a remedy, in every case in which it is clearly indicated. The *debacle* of the bucket system might indeed overwhelm the ardent and morbid imagination with an idea of its terrible grandeur ; but the immediate relief obtained by the sufferer after a judicious application of a moderate supply of the "invigorating fluid," will speedily transform him into a suppliant proselyte.—*London Medical Gazette*.

SEVERE INJURY TO THE PERINEUM.

BY M. D. THOMPSON, M.R.C.S.L.

ABOUT 4 o'clock, P. M., on the 24th of December, ult., I visited S. K., of this town, an athletic subject, of low stature, who then stated that he had been severely kicked when fighting, a few hours previously, betwixt his thighs. On examination, the upper parts of the thighs and the lower part of the abdomen were discolored ; the perineum and scrotum were discolored and distended ; the scrotum was distended to such a degree, as to increase its magnitude to that of an infant's head eighteen months old ; blood also being discharged from the orifice of the urethra. Immediately preceding the incident he had evacuated his bladder. Leeches and cold applications to be applied to the perineum.

December 25.—He is not afflicted by any constitutional irritation, but he has passed no urine since the occurrence ; the parts are more distended and discolored. On attempting to pass a catheter into the bladder, arterial blood, by the sides of the catheter, is discharged. When the catheter was withdrawn and pressure applied, by a cold iron pound-weight, to the perineum, the hæmorrhage ceased. In the afternoon, about 1 o'clock, Messrs. Barker and Pearson, two surgeons of this town, and myself, held a consultation relative to the case ; after which a catheter was introduced into the bladder, from whence nearly two pints of urine were removed ; then the integuments and superficial fascia of the perineum and posterior parts of the scrotum were divided, by an incision being carried through them, extending from nearly half an inch from the anus to the upper portion of the posterior part of the scrotum, along the course of the raphé ; from whence, by a little manipulation, apparently two pounds of coagulated blood were removed ; then the catheter was fixed and left in the bladder, and anodyne fomentations advised to be constantly applied to the parts.

Subsequently no hæmorrhage returned, and the case improved so rapidly, that on the 27th, only two days after the operation, the scrotum had resumed nearly its usual magnitude ; when the catheter, by the urgent request of the patient, was removed. The wound was poulticed, and a suspensory bandage applied to the scrotum. During the remainder

of the day, and in the beginning of the following night, the patient voided his urine several times.

About 10 o'clock, A. M., on the 28th, his skin was very hot and dry ; his eyes glazed ; his pulse very quick ; his tongue coated ; the urine discharging itself through the wound in the perineum. On examination, a breach, nearly an inch long, was discovered in the membranous part of the urethra. He stated that during the time, from 10 on the preceding night until 4 o'clock this morning, he had slept well, when he was awoke by shivering, and the pain arising from the urine discharging itself through the wound. Re-introduced the catheter along the course of the urethra into the bladder, and prescribed two grains of calomel and ten grains of powdered jalap, to be administered to him every two hours, until his bowels had been copiously evacuated.

At 2 o'clock, P. M., the medicine had operated sufficiently, otherwise he was much the same as on my previous visit. Prescribed a quarter of a grain of tartar-emetic, and two grains of calomel, with an ounce of the mixture of the acetate of ammonia, to be administered to him every four hours.

At 8 o'clock in the evening the pyrexia was much increased ; his pulse was very quick and wiry ; and his abdomen painful on pressure. To be bled to fainting. Directed bran poultices and anodyne fomentations to be applied to the abdomen.

The following morning, the 29th, the constitutional irritation very much abated, when he complains only of pain in the bladder. The medicine to be continued as before.

On the 30th, he continues convalescing ; but the powders were omitted, in consequence of having occasioned considerable bilious excretions and thereby irritation in the mucous membrane of the bowels. The mixture was continued, and ten grains of Dover's powder prescribed for him at bed-time.

The case progressed favorably until the 2d of January, ult., when about 4 o'clock, A. M., he was violently seized by vomiting and purging.

At 10 o'clock, A. M., his countenance was sunk, and expressive of great anxiety ; his skin cold, and covered by a clammy perspiration ; his pulse slow and fluttering ; his abdomen tympanitic ; and he was restless and afflicted by bilious vomiting and purging. Brandy, in sago, or arrow root gruel, to be plentifully administered to him ; also the following mixture : R. Sesqui-carbonate of ammonia, gr. xij. ; mint water, f ʒvj. ; compound tincture of cardamons, f ʒss. ; tincture of opium, gtt. cxx. Ft. M. Two tablepoonfuls every four hours.

At 2 o'clock, P. M., his pulse regular ; his vomiting and purging ceased ; his restlessness abated ; in fact, there was a general improvement in the case, and he was inclined to sleep.

About 10 o'clock, A. M., on the 3d, his abdomen is tympanitic, and he complains of pain of it, increasing on pressure. He has had no motions since yesterday ; otherwise he is doing well. Advised a turpentine clyster to be administered to him : the medicine and food to be continued as before.

On the 4th he was doing well ; the clyster had operated copiously ;

the wound was apparently healthy and granulating, but one of its edges overhanging the other. Sutures, compress of lint, adhesive straps, and tapes applied, to adjust and keep adjusted the edges of the wound. This plan of treatment was continued until the cure was completed, each dressing being renewed only once a week. Prescribed an ounce of the infusion of cascarilla, containing five grains of the sesqui-carbonate of ammonia, to be administered to him three times daily.

Subsequently his recovery was gradual, although occasionally he had attacks of tenesmus; but these were speedily removed by starch clysters, containing laudanum. His diet was liberal, consisting of animal food, vegetables, and wine or porter daily, intended to support the powers of the constitution during the process of reparation.

At the expiration of five weeks subsequent to the occurrence he was discharged cured, without any bodily inconvenience. During the treatment a catheter, either metallic or elastic, of full size, was introduced along the course of the urethra into the bladder, and therein retained, being cleaned or exchanged every fourth day. For the first fortnight the urine generally discharged itself through the canal of the catheter, occasionally through the wound; subsequently it generally discharged itself through the canal of the catheter, occasionally through the urethra, around the circumference of the catheter.—*London Lancet.*

DISLOCATION OF THE HIP-JOINT.

BY JAMES JOHNSTON, SURGEON.

I AM induced to offer the following case as a contribution to your Journal, not so much from the rare occurrence of the particular dislocation of the hip-joint, as from the extremely simple nature of the accident which gave rise to it. I doubt much if a case has ever occurred before of displacement of the head of the femur from a mere stumble, unaccompanied by any external violence, as in the following case.

On the 4th of May, Christopher Ward, private in the 14th regiment of infantry, aged 27, a moderately muscular man, while in a state of intoxication stumbled in his barrack-room, the floor of which was wet from recent washing, and, as reported by his comrades, fell with his legs astride, and without coming in contact with any article of furniture in falling. On being assisted to rise he was unable to put his left foot to the ground, and in this state was carried to the cells as a prisoner. There he remained till sober, when he complained of very severe pain in the groin and surrounding parts; so much so, that previous to the examination of the limb his violent gestures of pain gave rise to a suspicion that he was overrating his sufferings. On examination, however, the following appearances presented themselves:—Placed in an erect position, supporting himself on the right leg, there was an involuntary tendency to bend the body forward, and to the left side, to relieve the iliacus and psoas muscles, nerves, and vessels from an unusual extension to which they appeared to be exposed. The left thigh was almost immovable, considerably flexed on the body, everted, and removed from the mesial line; the knee

flexed, and toe touching the ground. Measurement from the anterior superior spinous process to the condyles gave an increase in length of one inch and three quarters on the left side over the right. These proofs, with the increased distance between the anterior superior spinous process and greater trochanter, the tenseness and rigidity round the articulation, the flatness in the region of the trochanter, and the unusual fulness at the inner edge of the fold of the nates, all clearly established the diagnosis of dislocation of the femur into the obturator foramen.

In proceeding to reduction the following arrangements were made :—The man being placed on a mattress on the floor, a soft sheet, carefully folded, was used as the means of counter-extension, passing, between the nates, forwards between the thighs, the scrotum being removed to the right side. The sheet, after being so adapted as to make the extension as directly as possible on the pelvis, was attached under the right shoulder to a fixed point in the room, and intrusted to one assistant. Three other assistants were then directed to extend gradually in the present direction of the femur by means of the usual woollen apparatus, applied above the knee. Another assistant was employed to rotate the femur and facilitate the dislodgement of the head of the bone; whilst another, with a towel placed around the upper part of the femur, attempted to draw the head of the bone outwards, whilst his knee was applied forcibly to the dorsum of the ilium, to counteract the tendency there might be to its escape there, by sliding past the acetabulum. After the extension had been thus powerfully employed for a quarter of an hour without the desired result, it was arranged that while employing full extension at a given signal it should cease, while the other assistants depressed the knee and carried it inwards, the head of the bone being drawn outwards. This had the desired result; the dislocation was proved to be reduced by the disappearance of all the previous deformities.

We repeat, that the chief feature of interest in this case is the simplicity of the cause producing the accident. The possibility of such an occurrence has been denied by several writers, and in all probability it may be the only case of the kind put on record.

The man states that he has never had a dislocation of any other articulation; neither does he appear to have any tendency to laxity in the ligaments. He is recovering the use of the limb rapidly.—*Ibid.*

PHLEGMASIA DOLENS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Having ever considered it the duty of each member of the medical profession to make known anything and everything which he may discover, either in relation to the pathology, or means of relief, of any of the various “ills that flesh is heir to,” I am induced to throw out a *hint* respecting the nature and character of “*phlegmasia dolens*,” concerning which, as you know, various conjectural *theories* have been advanced explanatory of its nature and causes, and accounting for the phenomena of this perplexing disease; and, after all, leaving it

involved in obscurity. Nor have we been, *experimentally*, any better satisfied with any plan of *treatment* which has been recommended or adopted, the disease having always run a course, unmolested and unrelieved by medicine, so far as I have learned either from my own experience or that of others with whom I have been conversant. It is not my design to give any *theory* as to the origin or cause of the disease, or to attempt to explain all its phenomena, even upon the view which I have, for a few years, entertained as to its nature or character. These I leave for abler pens and wiser heads than mine. Practical *facts* I have always considered of more importance to the *profession*, than fine-spun, inexplicable *theories*.

I observe, then, that an incident occurred, a few years since, in the case of an individual who had some years before been a subject of this disease, and whose limbs were still swollen, attended with small ulcers, and accompanied, as she said, with "*pain* similar to what she experienced when laboring under the first attack of the disease," which suggested to my mind, its *neuralgic* character. With this view of the case, I prescribed for it to the relief and comfort of my patient, and with satisfaction to myself.

After some reflection upon the phenomena of phlegmasia dolens, I became so far satisfied in my own mind, that its real character had been overlooked or misunderstood, that I resolved, if I ever met with another case of it, I would treat it upon the principle of *neuralgia*. Not long after, a Mrs. C., whom I attended in her confinement, after a lapse of ten or twelve days, sent for me, complaining of severe pain and swelling of her right limb, extending from the hip downwards, with all the other symptoms of phlegmasia dolens. In pursuance of my former conviction and resolution, I prescribed equal parts of a saturated tincture of actea (black cohush) and wine of colchicum; a teaspoonful, or about sixty drops, to be repeated once an hour till the pain abated, and then to be continued at intervals of three, four or six hours, as the pain indicated, designing, as in other neuralgic cases, to keep the system under the influence of the medicine till the disease was removed. Having observed that these cases were always attended with morbid action in the various secreting organs, especially the liver, I directed five grains of blue pill to be taken night and morning in addition to the above prescription, till those secretions became healthy. This constituted all the treatment. When I called the next day, I was happy to find that the *pain* was relieved, and that the *swelling*, and in fact the whole progress of the disease, was arrested. The first prescription was continued at intervals of six or eight hours, and in three or four days this limb was relieved. In a few days the other limb was attacked in the same way, and by a return to the course pursued with the first limb, this was soon relieved, and the disease appeared to be divested of its terrible and tedious character.

Soon after this case, a brother in the profession observed to me, "I have one of those terrible cases of *swelled limb*, and know not what I can do with it." I gave him my views of the disease, and furnished him with the medicine, directing him how to use it. The result was as hap-

py as in my own case. This same lady I attended at a subsequent labor, and after apparently "doing well" for a week or ten days, she was again attacked with a "swelled limb," and sent for me. After the operation of a brisk cathartic, I put her upon the course prescribed in the first-mentioned case, and with the same success.

These three instances are all the opportunities I have had of testing the correctness of the view I now entertain of the character of that, to me, heretofore dreaded disease.

At the suggestion of some of the medical fraternity, to whom I have communicated my views, and the history of these three cases, with a request that *they* also, if an opportunity presented, would give it a trial, I have consented to make this communication to you; and if you think the *hint* I have given as to the nature of this disease, without *theorizing* upon it, will be of any *practical* benefit to the profession, and through them to other *sufferers*, you will please give it a place in your Journal. I will simply add, that I have found more benefit from the use of the actea and colchicum, prepared, combined and administered as above mentioned, in controlling and relieving *all* neuralgic affections, wherever located, than from any other remedy I have ever used. Indeed, in my practice, they have never failed.

Yours, &c.

Lenox, July 26, 1842.

ROB'T WORTHINGTON.

MALFORMATION OF THE HEART.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following account of malformation of the heart is at your disposal.

About two years since, I was called to visit a child of Mr. S., of this town, aged two years and six months. Mrs. S. related the history of the case as follows. From birth to the age of eleven months, there was nothing unnatural in the health or appearance of the child. At this time it began to be very much afflicted by ill turns, attended with laborious respiration, palpitation and a peculiar blueness of the skin. After a few minutes the paroxysm would pass off, leaving her in a state of great exhaustion. These paroxysms continued, at irregular intervals, with increasing severity, up to the time of its death, which occurred on the 14th inst.

Post-mortem Examination, sixteen Hours after Death.—Body very much emaciated; face bloated; skin blue; lungs small and dark colored; one and a half ounce of serum in pericardium; heart weighed five and a half ounces; hypertrophy of right ventricle; aorta communicated with both ventricles equally; pulmonary artery very small; its communication with the right ventricle would barely admit a common blunt-pointed probe; foramen ovale imperfectly closed. The remaining viscera natural, with the exception of color, which might be expected from the imperfect arterialization of the blood.

A. C. SMITH.

Haverhill, July 22, 1842.

BOSTON ORTHOPEDIC INFIRMARY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I believe I promised to give you a concise account of the doings at the above Infirmary, particularly if anything should occur that might probably be interesting to the readers of your valuable Journal. Many operations have been performed at this Institution since the date of my last ; but as they were mostly upon club-feet and deformed limbs, which were so nearly analogous to those previously reported, it would be merely a repetition to send you any account of them.

One case, however, of club-foot has recently been treated at the Infirmary, which I think may not be totally uninteresting to your readers. A gentleman, æt. 30, of collegiate education, and a teacher in a public seminary in a neighboring State, presented himself at the Infirmary. His case was equinus varus. He stated that there was a vacation at the seminary, where he was instructor, of three months, and that if he could have a good foot in that time, he wished it might be done ; but if it would require a longer time, he must defer it to some future period. He stated, further, that he suffered much pain in walking, in addition to the mortification of hobbling about ; that he was determined to be cured, if there was any cure, either now or at some more convenient time. Dr. Brown examined his foot, and asked him to walk back and forth across his room. He then told him he might have a good foot before the expiration of his vacation (3 months) if he would submit to the process—which he stated to him. He consented. Dr. B. at once divided all the tendons that held the foot in its malposition, viz. : the tendo-Achillis, the tibialis posticus, the tibialis anticus, the extensor longus digitorum pedis, the extensor longus pollicis pedis. The foot hung pendulous. It was immediately bandaged and placed in Dr. B.'s patent apparatus. In four days all dressings were removed, a stocking put on, and the foot replaced in the same apparatus. In three weeks a straight boot was put on, and the patient went home ; not, however, without taking the apparatus with him to apply by night. In four weeks he reported himself to the Infirmary very much improved. In five weeks after the operation he reported himself again, after having walked nearly a mile from the railroad cars, in which he came. He walked with ease, and although there was a little imperfection in his gait, it was almost imperceptible.

There have been two operations at the Infirmary on the back for lateral curvature of the spine, since my last communication. One was on a girl 14 years old, with very favorable results. But the most interesting one was done last week, on a married lady 25 years old, the mother of two children. The deviation between the blade bones was about three inches ; in the loins, two inches. She was suffering under a pulmonary affection—short breath, palpitations of the heart, &c. The longissimus dorsi was divided transversely on each side of the spinal column, opposite the last dorsal vertebra, without loss of blood. Dr. J. M. Warren and myself present. On the seventh day from the operation she walked up two pair of stairs, and went through all the exercises usually made use of at this institution, for correcting lateral curvature.

Her spinal supports were raised on this day one and a half inch, by her request, as she said she had gained that much in height. More particular reports of these cases may be given at some future period.

Boston, July, 1842.

B. BROWN.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, AUGUST 3, 1842.

EFFECTS OF THE TIMES ON THE PROFESSION.

STRANGE as it may appear to some, those who are most familiar with the professional interests of the country know very well that the existing hard times affect even the profession of medicine. In the first place, fewer books are published, and consequently one of the avenues, at least, to science, is partially closed. A disposition to curtail individual expenses in order to meet the world as it presents itself, deranged in its affairs, obliges those who always have been the generous patrons of authors and printers, to withhold subscriptions and purchases, and thus this department of industry and labor, connected with medical science, necessarily suffers. New books elicit new ideas in those who read them. Without their multiplication, therefore, there cannot be that mental activity which is produced by the silent, yet cogent stimulus of new treatises, new theories, or the announcement of important discoveries in medicine, surgery and physiology. Thus, in a measure, we are enabled to explain the comparative paucity of original communications in the journals, which are not so generously supplied by correspondents as they have been heretofore. Instead of reading, reflecting and writing as much as formerly, those who were efficient contributors to the scientific periodicals of this country are compelled to bestow much of their attention upon other objects, which the state of the times renders imperative.

In the course of an extensive tour through an enterprising section of the Union, distinguished alike for the fruitfulness of the soil and the vigor and intellectual energy of the inhabitants, the same complaint was heard that has so long rung in our ears at home. And it was a subject of frequent observation, that no class of men were more desponding, or seemed to feel the pressure more severely, than medical practitioners. Now at first view it may appear absolutely absurd that the scarcity of money, over the civilized world, should so affect the condition of a physician—as though people could not or would not be sick in adverse as well as in prosperous times. The fact is, the hardness of the times has increased the labors of physicians, but they can get little or nothing for their business. Collections, in the country, cannot be made; and the physician, who of all men is dependent on others for the price of his time, finds an increase of fatigue, responsibility and vexation, without obtaining, in many instances, a decent support for his family. Thus, the hardness of the times directly affects the condition of our professional brethren. We are quite sure that this view of the matter is essentially true; and will explain satisfactorily any apparent lack of interest in the advancement of medical science, with those who were for-

merly distinguished for their activity in promoting its objects and extending its boundaries. The medical practitioner should remember, however, that he may in the end be a loser by retaining the small pecuniary amount which he has been in the habit of paying for medical books and periodicals.

Liebig's Animal Chemistry.—We have seen a copy of the new and remarkable work of Professor Liebig on Animal Chemistry, which is so highly spoken of in the London Quarterly for June. This copy is incorrect, and probably other incorrect copies have been sent by the publishers to this country. While the work was passing through the press new and important results were obtained by the author, which rendered it necessary to cancel many pages already printed. These have been retained in the copy we have seen, and no doubt in others, done up hastily for the supply of foreign orders. The work is announced, we are happy to see, as passing through the University press at Cambridge, under the supervision of Professor Webster, to whose care the author has committed the work with his latest corrections, additions and alterations, together with some new matter not contained even in the *correct* English edition. We have seen a letter from Dr. Gregory, the translator, stating that this will be the only American edition authorized by the author and translator, and undertaken by their request.

We stated some time since that the American edition would appear simultaneously with the London; but a mere accident has prevented this. Dr. Gregory forwarded the last pages to Liverpool in time for the Steamer of the 19th, but from some accident the parcel was not received at Liverpool until the vessel had started, and they were retained for the next. Had it not been for this unlucky occurrence, the book would have been out ere this.

Principles and Practice of Modern Surgery.—This is an American re-print, from the second London edition, with notes and comments by our former neighbor, Dr. J. B. Flint, lecturer on operative surgery in the Louisville Academy of Medicine. As it came from the hands of Mr. Druitt, nothing could have been more welcome to a surgeon. The press, uniformly, has bestowed all praise upon it. The presumption is, that good as it was before, the notes and comments have made it better. Certain it is, that if any one could add to its practical value, Dr. Flint was the man to do it. It comes in the form of a large octavo, of five hundred and twenty-five pages, from the celebrated publishing house of Lea & Blanchard, Philadelphia. We by no means intend allowing the book to pass without bestowing such attention to the American part of it, as the medical public have a right to expect.

Quarterly Summary of the College of Physicians.—Although quotations have been liberally made from these transactions, which are so creditable to the members of the Philadelphia College, we cannot well refrain from repeating the opinion heretofore expressed in regard to the publication, viz., that it is an excellent series of papers, elevated in character, instructive in details, and creditable to the medical literature of the country. In a sort of postscript we notice that individuals, not members of the College, may be supplied with the Nos. by applying, post-paid, to the

Secretary, Dr. Henry Bond, No. 1 North Ninth street, at the rate of twenty-five cents per No. It is recommended to those who have not yet discovered the merits of these transactions, to send for the two last Nos., which are good specimens. On the whole, we know of no better collection of genuine medical matter than this Quarterly Summary.

Bolton on Strabismus.—This is a neat, small treatise, convenient, in fact, for pocket reference. It contains a description of new instruments, which, by the way, are well engraved; and the leading object of the author, James Bolton, M.D., of Richmond, Virg., is, as the title-page expresses it, to improve the operation for the cure of strabismus, in simplicity, ease and safety. Cases are given in illustration of the principles upon which the essay is based. There is nothing strikingly original, and yet it is a creditable performance and a safe guide to follow. One of these books cannot be otherwise than convenient when preparing for a division of the muscles, and their diffusion through the country would essentially contribute to the progress of the correct principles of modern surgery.

Essays on the Philosophy of Vitality.—In acknowledging the civility of the author, Dr. Paine, who seems to give himself no rest from scientific pursuits, it behooves us to say that no man could better write on the "*Philosophy of Vitality, as contra-distinguished from Chemical and Mechanical Philosophy, and on the modus operandi of Remedial Agents.*" No person can read this understandingly, without giving to it his entire attention, since each proposition requires a vigorous exercise of the mind fully to comprehend it in all its bearings. The author dips deeply into the very centre of things, with a view to deducing from the philosophy of generation, the vital nature of hereditary diseases. From the character of the inquiry, and the manner of managing it, it is quite probable that the journals will hereafter have considerable to say about it.

Medical Society of Missouri.—Civilization tends to order. The State of Missouri, which, within the memory of young men, was in the possession of savages, now vies with her sister States in the arts and refinements of modern society. Amongst the evidences of her onward progress, is the organization of a State Medical Society. The Legislature has thus given a splendid exhibition of the wisdom of its councils, in chartering an institution which contemplates the preservation of the public health, almost in the commencement of its own existence. The Society was incorporated in 1837, though instituted two years before. An examination of the constitution gives us a plain insight into the policy of the Society—which simply seeks the respectability and usefulness of the profession of Missouri. Meredith Martin, M.D., is President, and the Corresponding Secretary is James Sikes, M.D.

Dr. Okie's Pamphlet on Homœopathy.—In the mass of books, letters, circulars, &c. &c., the accumulations of a month, while we were on a rapid tour through the British Provinces, is a pamphlet with this title—"*Homœopathy, with particular reference to a Lecture by O. W. Holmes, M.D. By A. H. Okie, M.D.*" Thus far we have read but little

more of it than that part of the preface where the author emphatically says—"it would require no little skill so to operate upon the imagination of a horse, as to cure him of a grave disease by this means," (that is, homœopathy). In this we fully agree with him—but we have not leisure for a further analysis of his arguments to-day. In the meanwhile, Dr. Okie will please to accept the editor's thanks for a seasonable copy.

An Answer to Homœopathic Delusions.—In addition to Dr. Okie's favor, here is another from Philadelphia, bearing the following title—"An Answer to the Homœopathic Delusions of Dr. Oliver Wendell Holmes [with a sprinkling of Greek for a motto], by Charles Neidhard, M.D." Poor Dr. Holmes, thus far, is between two fires—but there is hope for him yet, if the besiegers give him nothing more powerful than homœopathic doses.

Connecticut Retreat for the Insane.—After the liberal quotations already made from the eighteenth report, it is perhaps quite needless to tender our thanks to Dr. Brigham for his promptitude in sending to the address of the Journal whatever is published in relation to the institution over which he so acceptably presides. It is through such official reports, alone, that the profession, and the public in general, glean the little they know of the statistics of this class of benevolent institutions—the glory of the age in which we live.

Castleton Medical College.—Always vigorous, and never idle. Wedged in as it is, by the Green Mountains, the catalogue and circular show that the College had twenty-nine students out of old Massachusetts. Now we are gratified with their success, but it will not do to have it said that young gentlemen go from Massachusetts, a commonwealth of literary and scientific institutions, to Vermont, for a medical education. However mortifying the fact that twenty-nine were fairly matriculated, we will not be so ungenerous as not to congratulate the faculty on the achievements and prospects of the College. Only make good surgeons and common-sense physicians, and we shall not stop to inquire where they came from—yet we are bound to speak well of the school that accomplishes that important undertaking.

College of Physicians and Surgeons, New York.—An absence of a few weeks has made a little derangement in the customary editorial routine; but we shall soon get things re-adjusted. This will explain the reason of not having earlier noticed the prospectus of the College. The prospect before them is bright—and the faculty, it is very certain, are fully competent to conduct the institution with honor to themselves. As nearly as we can ascertain, the two schools in New York entertain no hostility towards each other—believing, with uncle Toby, that the world is large enough for both.

Boston Equitable Life Insurance Society.—A sufficient number of medical gentlemen in Boston, never yet have all been convinced at once that

it would be of immense importance to the future comfort and happiness of their wives and children; to have a medical fund association for their special and exclusive benefit—from which they might draw a regular and adequate support, should they happen to be left to the cold charities of the world. In New York an organization has been attempted for this benevolent purpose; and in Europe such societies abound. Since nothing of the kind, therefore, has been done here, we strongly recommend to all those who have a regard for the condition of their kith and kin when they themselves shall be no more, to avail themselves of the prospective benefits of an institution about to be established in this city. By a small annual saving, a person may, in the event of his premature death, secure a suitable provision for his widow; and in case his estate should be mortgaged, it will enable her to pay off the mortgage, and retain the estate for the use of herself and children.

"An assurance for one year, or for several years, terminates with the period for which the assurance is made, but an assurance for the whole term of life is of a different character, and to one so insured a Mutual Life Assurance Office becomes a savings bank, especially after three or four dividends have been added to the original sum assured; the Policy then becomes of present value to the assured, and is a part of his property, and he may obtain money on loan by a pledge of his policy; or should it be inconvenient to pay the annual premiums, or be no longer necessary, he can receive back from the Office a fair consideration for its surrender, or a new policy for an equivalent sum, payable at death."

Medical Miscellany.—Deacon John Whitman died week before last, at East Bridgewater, Mass., at the age of 107.—Dropping cold water, from an elevation of a few feet, on the head or back of the neck of a person over-drugged with opium, is said to be very efficacious in overcoming the poisonous effects of the drug. Dr. Dunbar, of Baltimore, lately roused a patient in that way, who had attempted suicide by laudanum. A stomach pump finally completed the operation; but instead of thanking the physician, she declared that she would hang herself in spite of him!—Bronchotomy has been successfully performed on a child in Montgomery Co., Virg., by a surgeon of Washington city, whose name is not given.—Dr. David M. Reese has been appointed Professor of the Institutes of Medicine and Medical Jurisprudence in Washington University, Baltimore, and it is expected will accept the chair.—A colored woman died at Philadelphia, week before last, at the age of 121 years. She was born in Bermuda in 1721.—Dr. Orin Smith, of Berlin, Vt., is a candidate for the Senate of that State.—The Times says that Dr. Capen prescribed for a woman who had taken a potion of *oil of tansy*, whom he relieved in twenty minutes, *homœopathically!*

TO CORRESPONDENTS.—The communications of Drs. Mansfield and Knowlton will appear next week. A notice of the proceedings at the late meeting of the Society of Dental Surgeons will also then be given.

BOOKS RECEIVED.—Liston's Elements of Surgery, by Dr. Gross.

Number of deaths in Boston for the week ending July 30, 48.—Males, 31; Females, 17. Stillborn, 7. Of consumption, 5—marasmus, 2—dropsy, 1—smallpox, 2—enlargement of the liver, 1—bowel complaint, 2—dysentery, 2—infantile, 3—lung fever, 1—inflammation of the bowels, 5—cholera infantum, 8—scarlet fever, 2—canker, 1—dropsy on the brain, 1—tumor, 2—inflammation of the lungs, 1—diarrhœa, 1—cramp in the stomach, 1—brain fever, 1—dropsy in the head, 1—typhus fever, 2—disease of the heart, 1—teething, 2—croup, 1.

MASSACHUSETTS MEDICAL COLLEGE.

THE Medical Lectures of Harvard University begin annually, at the Medical College in Mason street, Boston, on the first Wednesday in November, and continue four months.

The introductory Lecture is given at 12 o'clock of the above day, in the Anatomical Theatre, by the Professors in rotation.

The following are the courses of Lectures delivered in this College, with the fees annexed.

		Fees.
Anatomy and Operative Surgery,	PROF. WARREN	\$15.00
Midwifery and Medical Jurisprudence,	PROF. CHANNING	10.00
Materia Medica,	PROF. BIGELOW	10.00
Principles of Surgery and Clinical Surgery,	PROF. HAYWARD	10.00
Chemistry,	PROF. WEBSTER	15.00
Theory and Practice of Physic and Clin. Med.	PROFS. WARE and BIGELOW	15.00

There is no fee for matriculation. The Hospital and Library are gratuitous. Ticket for Dissection Room, \$5.00. Board is as low as in any of our cities.

The Clinical Lectures in Medicine and Surgery are given on cases in the Massachusetts General Hospital, which are visited by the class three times a week. Surgical operations at the Hospital are frequent. An abundant opportunity is thus furnished to students for practical observation and study.

Jy 20—cop6t

WALTER CHANNING, Dean.

CASTLETON MEDICAL COLLEGE.

FALL COURSE OF LECTURES.

THE Fall Course of Lectures will be commenced on the first Thursday, 4th of August, and be continued fourteen weeks.

JAMES MCCLINTOCK, M.D., President, Professor of General, Special and Surgical Anatomy.

JOSEPH PERKINS, M.D., Registrar, Professor of Materia Medica, Therapeutics and Obstetrics.

DAVID M. REESE, M.D., Professor of the Theory and Practice of Medicine.

CHAUNCEY L. MITCHELL, M.D., Professor of Physiology, General Pathology, and Operative Obstetrics.

JAMES MCCLINTOCK, M.D., Professor of the Principles and Practice of Surgery.

ALFRED C. POST, M.D., Professor of Ophthalmic Anatomy and Surgery.

WILLIAM P. RUSSELL, M.D., Professor of Medical Jurisprudence.

EZRA S. CARR, M.D., Professor of Chemistry, Pharmacy, and Natural History.

JOHN W. SNOWDEN, Professor of Anatomy.

Fees for the course, \$50. Matriculating fee, \$5. Fee for those who have attended two full courses at other regular medical institutions, \$10. Graduation fee, \$16. Expense of boarding, &c. \$1.50 to \$2.25 per week.

During the present term about sixty surgical cases have been prescribed for, and operated upon before the class.

Castleton, Vt., May 26, 1842.

Je. 29.—tA4

JOSEPH PERKINS, Registrar.

NEW HAMPSHIRE MED. INSTITUTION OF DARTMOUTH COLLEGE.

THE annual course of Medical Lectures in this Institution will commence on Thursday, the 4th of August, 1842, and continue three months. There will be four lectures daily, with examinations. All surgical operations before the class are performed gratis. Fees for the course, \$50, payable at the commencement of the lectures. Matriculation, \$3.00. Graduating expenses, \$18. Every facility for private dissections.

Surgery, Obstetrics, and Diseases of Women and Children, by
Materia Medica, Medical Jurisprudence and Medical Botany, by
Chemistry and Pharmacy, by
Theory and Practice of Physic, and Pathological Anatomy, by
Anatomy and Physiology, by

DIXIE CROSBY, M.D.
EDWARD E. PHELPS, M.D.
OLIVER P. HUBBARD, M.D.
JOSEPH ROBY, M.D.
EDMUND R. FEASLEE, M.D.

Private instruction given by the Resident Professors throughout the year.

Je 22—

OLIVER P. HUBBARD, Secretary of the Faculty.

BERKSHIRE MEDICAL INSTITUTION—AT PITTSFIELD, MASS.

THE next annual course of Lectures will commence on the first Thursday (5th) of August, 1842, and continue thirteen weeks.

HENRY H. CHILDS, M.D., Professor of the Theory and Practice of Medicine and Obstetrics.

ALONZO CLARK, M.D., Professor of General and Special Pathology.

MOSES A. LEE, M.D., Professor of Materia Medica and Pharmacy.

FRANK H. HAMILTON, M.D., Professor of the Principles and Practice of Surgery.

BENJAMIN E. PALMER, M.D., Professor of Anatomy and Physiology.

CHESTER DEWEY, M.D., Professor of Chemistry, Botany and Natural Philosophy.

HON. JACOB COLLAMER, A.M., Medical Jurisprudence.

JAY C. BUTLER, M.D. Demonstrator of Anatomy.

FEES.—For the whole course of Lectures, \$50. Students who have attended two full courses of lectures at any incorporated school of medicine, will be required to pay \$10. Graduation fee, \$18. Board, from \$1.50 to \$2.00 per week.

Students who propose attending the course of Lectures will find it advantageous to spend a few weeks in the Reading Term, to which they will be admitted gratuitously.

Pittsfield, May, 1842.

Je 22—tA

H. H. CHILDS,
President.

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